

About Lung Cancer - A Quick Guide



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This is a brief summary of the information on 'About lung cancer' from CancerHelp UK. You will find more detailed information on the website.

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The lungs

The lungs bring oxygen into our bodies and pass it into the bloodstream so that it can circulate to every body cell. They are part of the body system we use to breathe. This is called the respiratory system.

The parts of the respiratory system

The windpipe (trachea) divides into two airways, called the right main bronchus and the left main bronchus. One goes to each lung. Within the lungs, they divide into smaller tubes called the secondary bronchi. There are two of these on the left side and three on the right. Each secondary

bronchus divides into smaller tubes called bronchioles. At the end of the bronchioles are tiny air sacs called alveoli. In the alveoli oxygen passes into the bloodstream to be carried round the body. Carbon dioxide passes into the alveoli from the bloodstream to be breathed out.

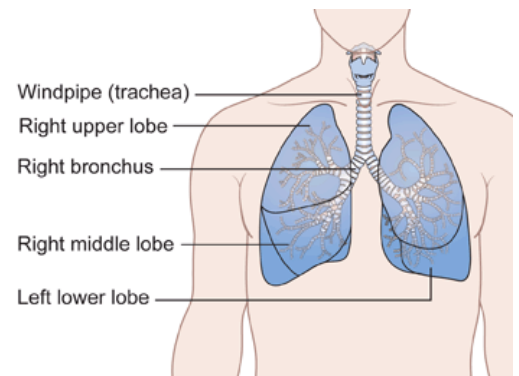


Diagram showing the parts of the respiratory system
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The right lung is divided into 3 sections called the upper, middle and lower lobes. The left lung is divided into 2 sections called the upper and lower lobes.

The pleura

The pleura are 2 fibrous sheets of tissue that cover the lungs. Doctors usually call these the lining of the lungs, although this can be confusing as they are on the outside. The pleura are also called the pleural



membranes. The gap between the pleura is called the pleural space. The pleural membranes produce a lubricating fluid that moistens them. The fluid helps the pleural membranes to move smoothly over each other when the lungs get bigger and smaller as we breathe.

Lung cancer can sometimes spread to the pleura. The cancer cells irritate the pleura and they then make too much fluid. The fluid collects and presses in on the lung. This is called a pleural effusion. You can't breathe in so well and may feel breathless.

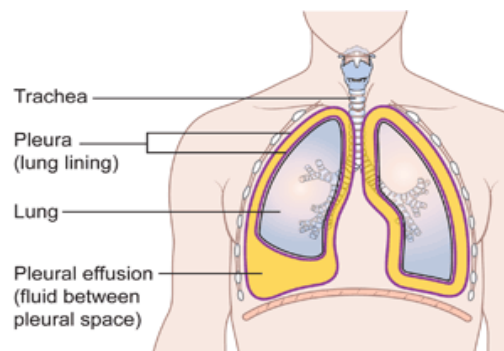


Diagram showing a build up of fluid in the lining of the lungs (pleural effusion)
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Lung cancer risks and causes

Lung cancer is the 2nd most common cancer in the UK. It is one of the few cancers where there is a clear cause in many cases.

Smoking and lung cancer

In most people, lung cancer is related to cigarette smoking. Although some people who have never smoked get lung cancer, smoking causes 9 out of 10 cases.

The more cigarettes you smoke, the more likely you are to get lung cancer. But the length of time you have been a smoker is

also important. Starting smoking at a young age also greatly increases the risk. Cigarette smoking is the main cause of lung cancer. But pipe and cigar smokers are still much more likely to get lung cancer than non smokers. Passive smoking (breathing in other people's cigarette smoke) increases the risk of lung cancer, but it is still much less than if you smoke yourself.

As soon as you stop smoking, your risk of lung cancer starts to go down. However long you have been smoking, it is always worth giving up.

Other risk factors

The second most important risk factor for lung cancer is exposure to radon gas. Radon is a naturally occurring radioactive gas that can seep out of the soil. Other, less important risk factors include air pollution, exposure to certain chemicals, previous lung disease, family history of lung cancer, past cancer treatment and having poor immunity. In some people who get lung cancer there is no obvious risk factor.

Lung cancer screening

Screening means testing people for the early stages of a disease before they have any symptoms. Before screening for any type of cancer can be carried out, doctors must have an accurate test to use. The test must be reliable in picking up cancers that are there. And it must not give false positive results in people who do not have cancer.

At the moment there is no national screening programme for lung cancer in the UK. For screening to be introduced, we need a test that is simple, quick, not too expensive and not harmful. It is always more cost effective to screen people at



high risk, rather than screen everyone. For lung cancer, people who smoke are at higher risk so some trials are seeing whether screening smokers is worthwhile.

Lung cancer is often picked up on chest X-ray. But by the time it is diagnosed this way, it is often quite advanced. Researchers are trying to find other screening tests that may help to diagnose lung cancer earlier. They are looking at a scan called a spiral CT scan and a special type of bronchoscopy for people at high risk of lung cancer.

Lung cancer symptoms

The symptoms of lung cancer can be

- Having a cough most of the time
- A change in a cough you have had for a long time
- Being short of breath
- Coughing up phlegm (sputum) with signs of blood in it
- An ache or pain when breathing or coughing
- Loss of appetite
- Fatigue
- Losing weight
- Having a chest infection that doesn't go away with treatment

Less common symptoms of lung cancer

There are other symptoms of lung cancer that are less common. They are usually associated with more advanced lung cancer. They include

- A hoarse voice
- Difficulty swallowing
- Swelling of the face or neck
- Changes in the shape of your fingers and nails called finger clubbing

- Shortness of breath caused by fluid around the lungs (called pleural effusion)
- Pain or discomfort under your ribs on your right side (from cancer cells in the liver)

All of these symptoms can be caused by other diseases apart from lung cancer. Some types of lung cancer can produce hormones that cause symptoms that don't seem to be anything to do with the lungs.

Types of lung cancer

Cancer that started in the lungs (primary lung cancer)

There are several different types of primary lung cancer. These are divided into two main types called small cell lung cancer and non small cell lung cancer.

Small cell lung cancer accounts for about 12% out of every 100 lung cancers. It is so called because the cancer cells are small.

There are three common types of non small cell lung cancer. These are grouped together because they behave in a similar way. They respond to treatment differently to small cell lung cancer. The three types are squamous cell carcinoma, adenocarcinoma and large cell carcinoma. Sometimes it's not possible to tell which of these you have.

Cancer that spread into the lungs (secondary lung cancer)

Secondary cancer is cancer that has spread from somewhere else in the body. The choice of cancer treatment depends on where the cancer started. To get the right information you need to look at the section of CancerHelp UK which relates to where



the cancer started. For example, if you had breast cancer which has spread to the lungs, then you should look at the section on breast cancer.

Mesothelioma

Mesothelioma is a rare type of cancer that affects the covering of the lung (the pleura). It is often caused by exposure to asbestos. It is very different to lung cancer. There is a 'mesothelioma' section on CancerHelp UK.

Should I see a lung specialist?

It can be very difficult for GPs to decide who may have a suspected cancer and who may have something more minor. The National Institute for Health and Clinical Excellence (NICE) have produced guidelines for GPs to help them decide which patients need to be seen urgently by a specialist.

When you might need an urgent chest X-ray

You should have an urgent chest X-ray if you cough up blood, have blood in your phlegm, or have any of these symptoms for more than 3 weeks with no apparent cause

- Cough (with or without any of these other symptoms)
- Pain in the shoulder or chest
- Difficulty breathing or hoarse voice
- Marked loss of weight
- Enlarged lymph nodes in your neck or above your collarbone
- Thickening and broadening of the fingertips, called clubbing
- Unexplained changes to symptoms you have due to existing lung disease

Guidelines for urgent or immediate referral

You should see a specialist urgently (ideally within 2 weeks) if

- Your chest X-ray has signs suspicious of lung cancer
- You are an ex smoker or smoker over 40 coughing up blood
- You have a history of asbestos exposure with recent onset of chest pain and shortness of breath

You need to see a specialist straight away if you have swelling of your face and neck and higher than normal pressure in your jugular vein, or you have a particular type of very noisy breathing, called stridor.



What to ask your doctor about lung cancer

- How will I know if I have lung cancer?
- Am I more likely to get lung cancer than anyone else?
- I used to smoke - does this mean I will get lung cancer?
- I work in a smoky atmosphere - is there anything I can do to reduce my chances of getting lung cancer?
- How should I go about giving up smoking?
- My father and grandfather had lung cancer - does this mean I am at high risk?
- Is there any screening I can have for lung cancer if I am high risk?
- Is there a high level of radon gas in this area?

More information

For more information about lung cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in April 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2009. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).