

Lung Cancer



Lung cancer is the most frequent cause of cancer death, and the third most common cause of all deaths in the UK. Its incidence has increased steadily through the 20th century, mainly as a consequence of cigarette smoking. Despite the range of treatments available for lung cancer, overall cure rates are disappointing, with less than 10% of patients surviving 5 years. The majority of people with lung cancer are elderly; the median age at death is 72 years. Because cigarette smoking is a risk factor for many diseases, patients with lung cancer may have a range of other illnesses, including cardiovascular disease and chronic obstructive pulmonary disease.

Lung cancer progresses rapidly. The median survival time after diagnosis is less than four months, and about 80% of patients die within one year.

Symptoms

Symptoms may include cough (which may bring up blood), chest pain, breathlessness and continuous hoarseness of voice. One may also find tiredness, loss of appetite, weight loss, and repeated chest infections. The tumour may not show any early signs, with the first indications being due to the effects of cancer that has spread to other parts of the body. The most common sites of lung cancer metastases are the brain, liver and bones.

Types of lung cancer

Lung cancer is split into two main categories: small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC). The most common is NSCLC, which accounts for approximately 75% of cases. Less common cancers which affect the lungs include mesothelioma (associated with asbestos exposure) and carcinoid tumours.

Treatment

There are three main types of treatment for lung cancer: surgery, chemotherapy and radiotherapy. The principles of treatment for SCLC and NSCLC are very different. SCLC is usually widespread on presentation, and is therefore seldom treated

surgically. Chemotherapy is the standard first treatment for SCLC. For NSCLC, surgery offers the best hope of cure, but only around 15% of tumours will be operable. Radiotherapy is also used in the treatment of NSCLC.

Palliative care

The majority of lung cancer patients present with relatively advanced disease. Palliative care will form a significant part of the management plan, with an emphasis on symptom control and enhancing quality of life. In addition to the symptoms listed above, patients with advanced lung cancer may experience fatigue, weakness, spinal cord compression, cognitive problems (due to brain metastases), and anxiety and depression.

Occupational therapy intervention

Occupational therapy for lung cancer patients will include:

- Identifying the impact of the illness on patients' daily occupations – self-care, work and leisure activities
- Analysing problems and identifying solutions
- Working together with patients to identify goals and priorities
- Emphasising the importance of energy conservation – planning, pacing and prioritising daily occupations.

This information was compiled from:

Souhami R, Tobias J (1998) *Cancer and its management (3rd edition)*. Oxford: Blackwell Science

Groenwald SL, Frogge MH, Goodman M, Yarbro CH (1997) *Cancer nursing: principles and practice (4th edition)*. Sudbury, Massachusetts: Jones and Bartlett Publishers

NHS Executive (1998) *Improving outcomes in lung cancer: the manual*. London: Department of Health

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Patients will have their own coping strategies, and the occupational therapist should acknowledge these, and work with them. Hope is fundamentally important, and the process of setting goals jointly with patients and families is one way of restoring and maintaining hope. It may be necessary to break down an 'ultimate' (possibly unachievable) goal into a series of more immediate mini-goals. Given the fairly rapid deterioration experienced by lung cancer patients, regular review of goals and treatment plans is necessary.

Relaxation exercises may be helpful for patients experiencing breathlessness, fatigue, or anxiety.

Teamwork is vital. The composition of the multiprofessional team will vary between patients, and the occupational therapist should identify the key team members involved and ensure that there is on-going, good communication and feedback. The timely intervention of the occupational therapist is important, and 'crisis intervention' should be avoided if at all possible.

Current issues in lung cancer care

- DoH Improving Outcomes in Lung Cancer (1998)

Resources

Patient and carer information

- British Lung Foundation:
www.britishlungfoundation.org
- The Roy Castle Lung Cancer Foundation:
www.roycastle.org
- Royal Marsden patient information series for lung cancer