

肺癌
Understanding

Lung Cancer



癌症基金會
CANCERFUND



Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in our community.

CancerLink support centres under the Cancer Fund provide support by professional, and connect cancer patient support groups to form an extensive support network for cancer patients and families, offering emotional support and practical assistance to those touched by cancer.

This publication is one in a series of cancer information booklets which discuss different aspects of the disease, including possible treatment, side effects and emotional issues. You can also find cancer information at our website: <http://www.cancer-fund.org>

The free services offered by **Hong Kong Cancer Fund** are made possible only because of donation from the public, as the Cancer Fund receives no funding from the government or the Community Chest. If you would like to show your support and concern for cancer patients, please feel free to contact us. Your generosity will directly benefit cancer patients in Hong Kong. You can also make a donation online. Please visit our website: <http://www.cancer-fund.org>

For further information on our services and our work, please contact us at:

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Introduction

This booklet has been prepared to help you understand more about lung cancer.

Many people feel extremely shocked and upset when one was told had lung cancer. We hope this booklet will help you know more about the diagnosis and treatment of the disease. Also, we include some cancer care information, and services we provide in this booklet for your reference.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this booklet will answer some of your questions and help you think about the questions you want to ask your doctors.

This booklet is also useful for care-givers and people with a family member or friend having cancer, helping the loved ones to overcome cancer. Remember, the Cancer Fund is always on your side to support you. Call our hotline 3656 0800 to find out more about our free services. We want to ensure that no one faces cancer alone.

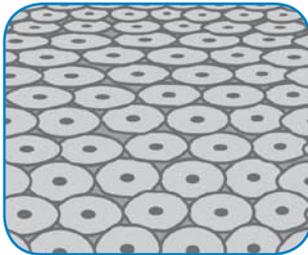


What is cancer?

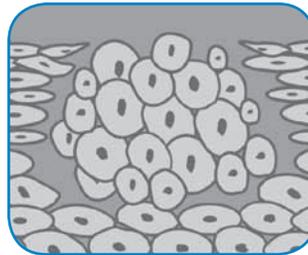
Cancer is a disease of the cells, which are the body's basic building blocks. Cancer starts in our genes. Our bodies constantly make new cells to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. Certain genes control this process.

All cancers are caused by damage to these genes. This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent. Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump called a tumour.

Tumours can be benign (not cancer) or malignant (cancer). Benign tumours do not spread outside their normal boundary to other parts of the body.



Normal cells



Cells forming a tumour

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site. This is known as a cancer in situ (or carcinoma in situ). If these cells are not treated, they may spread beyond their normal boundaries and into surrounding tissues, becoming invasive cancer.

Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.

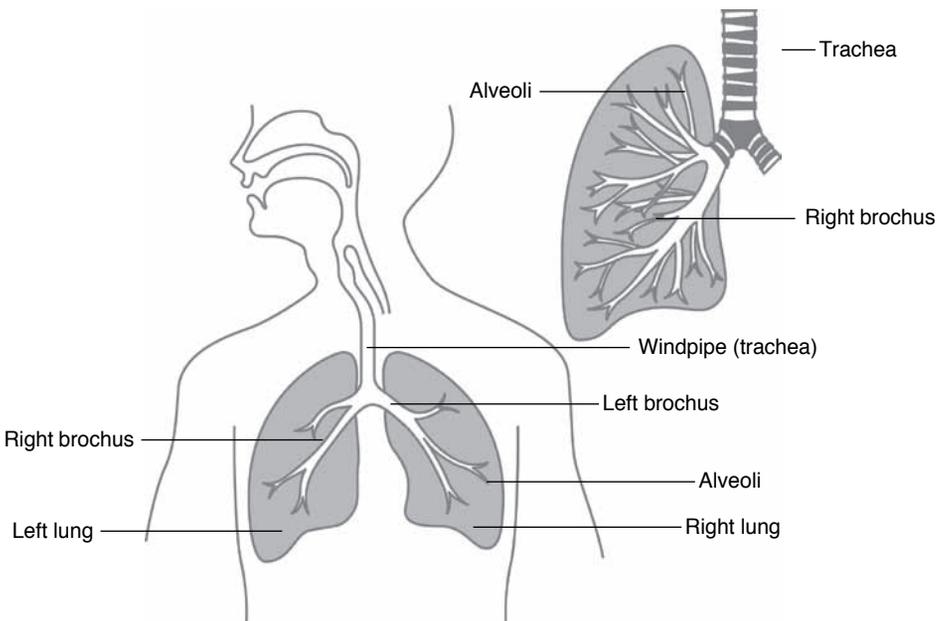
How cancer spreads?

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis. Sometimes cells move away from the original (primary) cancer, either by the local tissue fluid channels (lymphatics) or in the blood stream, and invade other organs. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

The Lungs

When we breathe in, air goes through our nose or mouth, into the throat, and down the windpipe into the chest. Like a tree, the windpipe branches - initially into two tubes called bronchi, one going to each lung. From there, the tubes grow smaller until they enter into the tiny, bubble-like air sacs that make the lungs spongy.

Blood flows between the thin walls of the air sacs. This allows oxygen to move from the air into the blood, while for carbon dioxide to move out from the blood, as we are breathing out.





Lung Cancer

Lung cancer is cancer of some of the cells in part of your lung. It usually starts in the lining of an airway.

Types

1. Small cell lung cancer

- Constitutes around 15% of all lung cancers.
- Very strongly linked with cigarette smoking.
- Tends to start in the middle of the lungs.
- Surgery is not often used for this type of tumour because it usually spreads early.
- Best treated with drugs (chemotherapy), usually combined with radiotherapy.

2. Non-small cell lung cancer

- Affect the cells that line the tubes into the lungs (main bronchi) and smaller airways.
- Includes squamous cell carcinoma, adenocarcinoma, large cell carcinoma and bronchiolo-alveolar cell carcinoma.
- If a non-small cell lung cancer is confined to a part of the lung, it might be removed by an operation.

- If your non-small cell lung cancer is not suitable for surgery, the tumour usually be treated with chemotherapy, targeted therapy and radiotherapy.

Causes

1.Smoking

- Smoking causes up to 90% of lung cancer for male patients in Hong Kong.
- It is not known why one smoker develops lung cancer and another does not.
- Passive (environmental) tobacco smoke causes lung cancer but the risks are less than if you smoke yourself.
- One out of ten smokers suffers from lung cancer.

2.Work-related risks

Exposure to the following is associated with an increased risk of lung cancer:

- Asbestos, silica, and diesel exhaust
- Processing of steel, nickel, chrome and coal gas.
- Radiation. Miners may be exposed to radiation by breathing air contaminated with radon gas.

The greater the exposure to asbestos, the greater the risk of lung cancer. The risk is even greater if the person is a smoker.

If I am a smoker, have I caused my own cancer?

Most people started smoking when they were young, at a time when the health risks meant nothing to them. Smoking is very addictive and this is the main reason smokers continue to smoke. Your health care team understands this and will consider it when caring for you.

But if you are still smoking, it may be important to quit now to improve your chances of responding to treatment. You must stop smoking before you have an operation. If you need help to quit smoking, speak to your doctor, nurses or contact the following Cessation Hotlines:

- **1833 183** (Department of Health)
- **3156 9012** (United Christian Nethersole Community Health Services)
- **2191 2887** (Christian Family Services Centre)

Symptoms

Very often, tumours have existed for some time before they are discovered. Sometimes a lung cancer is discovered by chance, such as when a chest x-ray is done before surgery for another condition.

The main symptoms of lung cancer include:

- New or altered cough
- Chest pain
- Breathlessness
- Coughing up blood.

People with more advanced lung cancer may also experience:

- Fatigue
- Weight loss
- Extreme shortness of breath
- Hoarseness
- Coughing or spitting up blood
- Difficulty in swallowing.

Having any one of these symptoms does not necessarily mean that a person has lung cancer and they should not be afraid to talk to their doctor to have the symptoms checked out.

How common is it in Hong Kong?

- Lung cancer is the second most common cancer in Hong Kong
- Lung cancer is the number 1 cancer killer in Hong Kong
- There were 4,674 new lung cancer cases in 2014
- There were 3,866 people died of lung cancer in 2014
- Among Hong Kong males, lung cancer is the most common cancer, and among females, it is the **third** most common cancer
- Lung cancer is unusual under the age of 40
- The risk increases markedly after the age of 50
- The younger someone starts smoking, the higher his or her risk of getting lung cancer

Source: Hong Kong Cancer Registry, Hospital Authority, data released in 2016



Diagnosis

Tests

If lung cancer is suspected, a number of tests will be done to help make a diagnosis, and to prove that you have or do not have lung cancer.

Some tests can also show if cancer has spread to other parts of the body. Not every person will have all the tests described in this booklet. Your doctor will determine the most suitable set for you.

Before you have any test, make sure you understand why it is needed, how it will be done and what risks or discomfort may be involved.

■ Chest x-ray

An x-ray of the chest can show tumours as small as 1cm wide.

Occasionally a lung cancer is found on a chest x-ray that has been taken for other reasons . Sometimes very small

tumours are hidden or not visible on a chest x-ray.

■ Bronchoscopy

Bronchoscopy allows the doctor to look directly into your airways.

The bronchoscope can only look at the larger airways, so if the tumour is in the outer part of the lung, it may not be seen. A sample of tissue (biopsy) may be taken during the bronchoscopy.

A bronchoscope is a flexible tube that can be put through the nose, the mouth or down the windpipe. It can be done after you have had a light sedative (to relax you) and a local anaesthetic is sprayed on the back of your throat. It can be uncomfortable but it is not painful.

■ Mediastinoscopy

This procedure is performed by a cardiothoracic surgeon, while you are under a general anaesthetic, so you will be unconscious during the procedure.

A rigid tube with lens is inserted through a small cut at the top of breastbone and down to your trachea, so the area between the lungs (mediastinum) can be inspected.

The doctor is able to look at lymph nodes in the centre of chest, to see if any enlargement, and some tissues can be

removed if necessary. You may have to stay overnight in the hospital after mediastinoscopy.

■ Fine-needle aspiration

A fine-needle aspiration biopsy is done when the tumours are accessible, e.g. those at the peripheral of the lung.

The procedure is done in the Radiology department of the hospital.

A local anaesthetic is injected into skin. Under the guidance of the x-ray machine, a needle is inserted through the chest wall and down into the tumour. You will be observed for a few hours afterwards because there is risk the lung is being punctured during this procedure.

A procedure called thoracentesis also require the use of a fine needle. Instead of going into the tumour, pleural fluid between membranes that cover the lung is collected to check for any cancer cells.

■ CT scan

A computerised tomography (CT) scan is a special type of x-ray that gives a three-dimensional picture of the organs and other structures (including any tumour) in your body.



CT scans are usually done at in Radiology department of the hospital. They can be used to:

- identify tiny tumours that invisible in conventional X-ray
- assess whether lymph nodes are enlarged
- determine whether the cancer have spread to other parts of the body.

A CT scan usually takes less than 30 minutes. You will lie still and flat on a couch. While the doughnut-like scanner rotates around your body.

Before the scan, a dye may be injected into a vein, probably in your arm, which will make the image clearer. You will be asked not to eat or drink for several hours before CT scan. Most people are able to go home as soon as their scan is done.

■ Positron emission tomography (PET) scan

A PET scan is an imaging test to find out if cancer has spread to other parts of body. As of this booklet published, PET scan is only available at some private hospitals in Hong Kong.

It involves the injection of a slightly altered form of radioactive glucose solution throughout the whole body. Because cancer cells cannot eliminate this glucose in the way that normal cells do, the glucose appears on the scan pictures. The PET scan will detect increased quantities of the radioactive glucose in

areas of the body where there are cancer cells.

The PET scan is useful in diagnosing lung tumours where a biopsy is not possible. It is also very helpful in staging lung cancer, and finding cancer that might have spread to other body organs, such as lymph nodes, bones, brain, liver and adrenal glands.

■ Bone scan

A bone scan will be conducted once lung cancer has been diagnosed and if patients are complaining of pain and aches in their bones and joints. A bone scan might identify a spread of the cancer to the bones.

A small amount of radioactive substance is injected in a vein. It travels through the bloodstream and collects in areas of abnormal bone growth. A scanner measures the levels of radioactivity in these areas and records them on x-ray films. The scan is usually performed a few hours after the injection. Not every lung cancer patient needs a bone scan.

Staging

The treatment of lung cancer will depend on the size of a tumour and whether and how it has spread from its original location - that is, the stage the cancer has reached.

■ Staging small cell lung cancer

The 2-stage system is adapted and helps determine if the patient can benefit from curative treatments.

It is staged in two ways:

- Limited stage is when the tumour and affected lymph nodes is detected at one side of lung.
- Extensive stage is when the tumour have spread throughout two sides of the lung.

■ Staging non-small cell lung cancer

Treatment and prognosis depend much on the staging for non-small cell lung cancer. TNM is the most common system for staging:

- **Stage 1**

Tumours have not spread to lymph lobes or distant sites.

- **Stage 2**

tumour in the lung with limited spread to nearby lymph nodes, or a tumour that has grown into the chest wall.

- **Stage 3A**

These tumours have spread to lymph nodes in the centre of the chest (the mediastinum).

- **Stage 3B**

The tumours have spread more extensively to lymph nodes in the mediastinum, or there is excess fluid collected in the the pleural space around the lung, or there are tumours in more than one lobe.

- **Stage 4**

The tumours have spread to distant lymph nodes or distant site. Lung cancer commonly spreads to the bones, the liver and to the adrenal glands (the little glands that sit on top of the kidneys).



Treatment

Treatment for different types of lung cancer:

■ Small cell lung cancer

Combined therapy is the common regime

- Chemotherapy
- Radiotherapy - people with limited tumour extent will receive radiotherapy to the chest. In some cases, radiotherapy will also be given to the brain to prevent cancer spread.

■ Non-small cell lung cancer

The main treatments for this type of lung cancer are surgery, radiotherapy and chemotherapy.

The choice of treatment will depend on:

- The stage of your cancer
- Your general health
- Whether you are fit enough to have an anaesthetic and operation
- Whether your lungs are working well enough

Whichever treatment you have, supportive care is important. Supportive care includes pain and symptoms control, help with other medical problems, emotional support and assist you with other factors that affect your well-being.

The aim of treatment is to relieve symptoms and extend life as much as possible, even if your cancer cannot be cured.

Surgery

Surgical removal of the tumour offers the best chance of cure for patients who have early-stage disease.

The surgeon will assess three important factors when deciding if surgery is an option:

1. The cancer has not spread beyond the lungs.
2. Your health (apart from the cancer) status can withstand a major operation.
3. Your breathing capacity is sufficient to withstand removal of the affected part of the lung -- either a lobe of one lung (lobectomy) or all of one lung (pneumonectomy).

For some patients who experience breathing difficulties before less portion of the lung is removed. Your doctor will advise the type of surgery best for you.

■ After the operation

You will have an intravenous drip for a couple of days but you will be able to eat and drink the day after the operation. There will be one or two tubes in your chest to drain fluid and/or air from the chest cavity -- these are temporary.

Depends on the practice of different hospitals, you may have sessions with physiotherapist to do exercise prevent any post-operative complications. Regular chest x-rays will be taken to make sure lung are working properly.

There is no need to suffer in silence. Tell your doctor or nurse if you are in pain.



You may have pain post-operation but every effort is made to minimise it. You will be discharged in a week.

The medical team will advise you how to take care yourself at home.

People who have surgery spend most of their recovery time at home. For some people, recovery can take many weeks but others recover more quickly. Regular exercise will always

speed recovery. To begin with, you will do breathing and leg exercises. Later, walking or swimming can improve your body strength and fitness. Your doctor or physiotherapist will advise the best exercises for you, and tell you when it is safe to move on to more vigorous exercise.

■ Breathing capacity

When planning the operation, the doctors will assess your breathing capacity so after the surgery your breathing will not be severely altered. In general, how well you breathe after a lung operation depends on how much lung tissue was removed and your lung function before the surgery.

If your breathing was not affected before the operation, there will probably only be a small effect on your breathing. Almost all patients who have a complete lung removed will experience some degree of breathlessness, especially when doing aerobic activities like walking uphill, climbing stairs, playing sport, or, bending and lifting.

Chemotherapy

The aim of chemotherapy is to kill cancer cells while doing the least possible damage to your normal cells.



Chemotherapy is treatment with drugs to stop the cancer cells from multiplying.

Chemotherapy alone cannot cure non-small cell lung cancer. It is usually combined with surgery or radiotherapy to treat tumour in large extent or those have spread to the lymph nodes.

Chemotherapy may be given before surgery to try to shrink the tumour and make the operation easier. It may be given before or during radiotherapy to increase the treatment effectiveness.

If your lung cancer cannot be cured, chemotherapy can help reduce cancer symptoms and improve quality of life. This is known as palliative chemotherapy.

Generally, chemotherapy is given through a drip - a plastic tube called a catheter, which is inserted into a vein in your arm.

Chemotherapy is given in cycles. Each cycle lasts about 3 to 4 weeks. During this time you may have treatment for 3 to 5 days, depending on the drugs needed to treat you.

■ *Side effects*

Most drugs used in chemotherapy cause side effects. Different drugs have different side effects and your medical oncologist will discuss them with you.

Common side effects include:

- Feeling sick (nausea), vomiting
- Mouth ulcers
- Tiredness
- Thinning or loss of hair from your body and head

These side effects are temporary, and can be prevented or reduced effectively by medicine.

Chemotherapy weakens your immune system so your body may have trouble fighting infections. Your doctor will arrange blood tests to check your immune system. If you have fever (38 degree celsius or above) while receiving chemotherapy, contact your medical oncology team or hospital immediately.

You can find out more information about chemotherapy by visiting Cancer Fund's website:

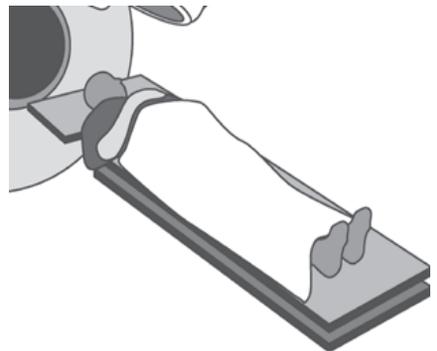
<http://www.cancer-fund.org>

Radiotherapy

Radiotherapy treats cancer by using x-rays to kill cancer cells. These x-rays can precisely target at cancer sites in your body. Treatment is carefully planned to do as little harm as possible to your healthy body tissues.

Radiotherapy may be used to cure lung cancer that is confined chest. It is used instead of surgery if the tumour is too large for operation or if your general health or lung function make surgery an unsafe option for you. This generally involves 5 to 7 weeks of daily treatment.

If your lung cancer is unable to be cured, radiotherapy is also useful in easing symptoms such as coughing up blood, chest pain and shortness of breath. It is also used to treat symptom of secondary cancers in brain (headaches, nausea) as well as bone pain. Radiotherapy aimed at relieving symptoms without trying to cure your cancer is known as palliative radiotherapy.



This treatment can be prescribed as one time or in several weeks.

Radiotherapy planning involves taking X-ray or CT scan of the chest (or the area to be treated) in radiotherapy department. To ensure that the same area is treated each time, you will get a number of marks on your skin.

These are usually 3-4 small dots that are permanent tattoos.

In most cases you will be lying on your back in a comfortable position for treatment and breathing normally. Treatment takes 10-15 minutes to deliver. You won't feel anything during the actual treatment - it's just like having an x-ray.

Side effects

- The type of side effects experienced depends on the area of your body being treated.

People who have radiotherapy for a primary lung cancer in the chest may experience:

- Tiredness and mild sunburn on the skin
- Temporary difficulty and pain in swallowing

- Cause some scarring to the lungs
- Shortness of breath

You can find more information about radiotherapy by visiting Cancer Fund's website: <http://www.cancer-fund.org>

Palliative treatment

If the cancer spreads or returns after treatment and a cure is not possible, your doctor will discuss with you palliative treatment for specific problems caused by the cancer, such as pain. Treatment can include radiotherapy, chemotherapy and pain control.

Palliative treatment relieves symptoms of illness, particularly pain. It is available for all people who have cancer symptoms, whatever their stage of treatment.

It is particularly helpful and important for people with advanced cancer, whose cancer cannot be cured but expect to live the rest of their life as comfortably as possible and without undue pain.

Pain is usually well controlled with oral medication and there is no need to worry that you will become addicted to the medications.

Follow-up

After your treatment is over, you will have regular checkups. Your doctor will decide how often you need checkups and who will do them, because everyone's situation is different.

It is important that all of the health professionals (who are part of a multi-disciplinary team) who have been involved with your care are kept involved where necessary and aware of your ongoing progress. Checkups will become less frequent if you have no further problems.

If the disease relapses, you may need further treatment. Often, the treatment used when lung cancer relapses is different to the first treatment.

If you have any doubts about your recovery or follow-up, contact the staff who provided your first treatment.





Making treatment decisions

Sometimes it is difficult to decide the right treatment for you. You may feel everything is happening so fast that you don't have time to think things through. There is always time for you to decide the treatment you want.

Waiting for test results and for treatment to begin can be difficult. While some people feel overwhelmed with information, others feel they don't have enough. You need to make sure you understand enough about your illness, the treatment and side effects to make your own decisions.

If you are offered a choice of treatments, you should weigh both the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain if any other treatment choices can be offered.

It is important to remember that you are the most important person on your health care team. You are a consumer of services, and you have the right to ask questions about what treatment you are getting and who is



providing it. If you are not happy with the information you are given - or how it is given -- you should not be afraid to tell the doctor about your concerns.

Some people with more advanced cancer will always choose treatment, even if it only offers a small chance of cure. Others want to make sure the benefits of treatment outweigh any side effects. Some others may choose the treatment they consider offer them the best quality of life. Some may choose not to have treatment but to have symptoms managed to maintain the best possible quality of life.

You always have the right to find out about the suggested treatment means to you, and the right to accept or refuse it.

Talking to doctors

You may want to see your doctor a few times before deciding on treatment. When your doctor first tells you that you have cancer, it is obviously very stressful and you may not remember anything he said. It is often difficult to take everything in, and you may need to ask the same questions more than once.

Before you see the doctor, it may be helpful to write down your questions. A list of questions to ask your doctor is at the end of

this session. Taking notes during the session or tape-recording the discussion can also help. Many people like to have a family member or friend go with them, to take part in the discussion, take notes or simply listen.

“I took a friend with me for support to the second appointment. It was like a dream where I just said ‘yes, yes, yes’, and luckily my friend wrote down all the information.”

Many doctors are involved in treating people with lung cancer. If you are considering a particular treatment and want advice, you should see the specialist who delivers that treatment, such as the medical oncologist for chemotherapy and clinical oncologist for radiotherapy. The specialists who prescribe these treatments got the comprehensive information about the benefits and side effects of treatment in your situation. They are also aware of latest clinical trials in lung cancer.

Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with your family or friends, nursing staff, the hospital social worker or chaplain, your own religious or spiritual adviser, or the



CancerLink Hotline 3656 0800. Talking it over can help sort out the right course of action for you.

A second opinion

You may want to ask for a second opinion from other specialist. This is understandable and can be a valuable part of the process of your decision-making. A second opinion serves to confirm or suggest changes to your doctor's recommended treatment plan, reassure you that you have explored all of your options, and give answers to any questions you may have.

Your specialist or family doctor can refer you to another specialist and you can ask for your results to be sent to the second-opinion doctor. You may later decide you prefer to be treated by the one who provided the second opinion, and this is your patient's right.

You can ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.

What to ask doctors?

You may find the following checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you do not understand, it is alright to ask your doctor to explain again.

Some suggested questions are listed below:

1. What type of lung cancer do I have?
2. How extensive is my cancer?
3. What treatment do you recommend and why?



4. Will a lung cancer specialist be treating me?
5. Are there other treatment choices suitable for me?
6. What are the risks and possible side effects of each treatment?
7. Will I have to stay in hospital, or will I be treated as an outpatient?
8. How long will the treatment take? How much will it affect what I can do? How much will it cost?
9. Will I have a lot of pain with the treatment? What will be done about this?
10. If I need further treatment, what will it be like?
11. Will the treatment affect my sex life?
12. How frequently will I have checkups?
13. I would like to have a second opinion. Can you refer me to someone else?
14. Am I going to survive? How long can I live?



Your feelings

Most people feel overwhelmed when they are told they have cancer. Many different emotions arise which can cause confusion and frequent changes of mood. You might not experience all the feelings discussed below or experience them in the same order. This does not mean, however, that you are not coping with your illness. Reactions differ from one person to another and there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you do.

Various Feelings :

■ Shock and disbelief

“I can’t believe it” “It can’t be true”

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over again, or you need to

be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.

■ Denial

“I haven’t got cancer!”

“There’s nothing wrong with me!”

Many people do not want to know anything about their cancer, or wish to talk as little as possible about it, they think this is the best way of coping with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being. Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you if you can talk to them about your illness.

■ Anger

"Why me?" "Why now?"

Anger can hide other feelings such as fear or sadness and you may vent your anger on those who are closest to you and on the doctors and nurses who are caring for you. If you hold religious beliefs you may feel angry with your God.

It is understandable that you may be deeply upset by many aspects of your illness and you should not feel guilty about your angry thoughts or irritable moods. However, relatives and friends may not always realise that your anger is really directed at your illness and not against them. If you can, it may be helpful to tell them this at a time when you are not feeling so angry, or, if you would find that difficult, perhaps you could show them this booklet. If you find it difficult to talk to your family, it may help to discuss the situation with our social worker, or oncology nurse by calling CancerLink Hotline: 3656 0800 to get more information.

■ Fear and uncertainty

"Am I going to die?" "Will I be in pain?"

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all newly-diagnosed cancer patients is: 'Am I going to die?'

Some patients with cancer of the liver may be cured but even when your cancer is not curable, there are things that can be done to help you, both to relieve any pain or discomfort and to control the disease for some time. There is also help available to cope with emotional aspects of cancer.

‘Will I be in pain?’ and ‘Will any pain be unbearable?’ are other common fears. In fact, there are many modern drugs and other techniques that are very successful in relieving pain or keeping it under control. Other ways of easing or preventing you from feeling pain are radiotherapy and nerve blocks.

Many people are anxious about their treatment: whether or not it will work and how to cope with possible side effects. It is best



to discuss your individual treatment in detail with your doctor. Make a list of questions you may want to ask and do not be afraid to ask your doctor to repeat any answers or explanations you do not understand. You may like to take a close friend or relative to the appointment with you. If you are feeling upset, they may be able to remember details of the consultation which you might have forgotten or you may want them to ask some of the questions you yourself might be hesitant of putting to the doctor. Some people are afraid of the hospital itself. It can be a frightening place, especially if you have never been in one before, but talk about your fears to your doctor, he or she should be able to reassure you.

Often you will find that doctors are unable to answer your questions fully, or that their answers may sound vague. It is often impossible to say for certain that the cancer has been totally eradicated. Doctors know from past experience approximately how many people will benefit from a certain treatment, but it is impossible to predict the future for individual people. Many people find the uncertainty hard to live with; not knowing whether or not you are cured can be disturbing.

Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying, so acquiring some knowledge about your illness can be reassuring. Discussing your findings with your family and friends can help to relieve tension caused

by unnecessary worry.

■ Blame and guilt

"If I hadn't...this would never have happened"

"It's my own fault"

Sometimes people blame themselves or other people for their illness, they usually try to find out reasons for why it should have happened to them. This may be because we often feel better if we know why something has happened. As doctors rarely know exactly what has caused your cancer, there is no reason for you to blame yourself.

■ Resentment

"It's all right for you, you haven't got to put up with this"

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may crop up from time to time during the course of your illness and treatment for a variety of reasons. Relatives too can sometimes resent the changes that the patient's illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

■ Withdrawal and isolation

“Please leave me alone”

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at the moment, you will talk to them about it when you are ready.

■ Depression

Sometimes an unwillingness to talk can be caused by depression. It may be an idea to discuss this with your GP who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of cancer patients. It is quite common for people with cancer of the liver to experience depression and there is no need to feel you are not coping if you need to ask for help.



Learning to Cope

After any treatment for cancer, it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.

The treatment for cancer of the liver can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. Obviously you will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like and try to get plenty of rest.

Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling they can be more supportive.

Cancer Fund's CancerLink support centres provide an array of cancer management programmes for people diagnosed. Call our hotline 3656 0800 to find out more.



What can you do?

A lot of people feel helpless when they are told that they have cancer and feel there is nothing they can do other than hand themselves over to doctors and hospitals. This is not so. There are many things you, and your family, can do at this time.

Practical and Positive Tasks

At times, you may not be able to do things you used to take for granted. However, as you begin to feel better, you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

Many people talk about how to fight their illness. This is a healthy response and you can do it by becoming involved in your illness. One easy way of doing this is by planning a healthy, well-balanced diet. Another way is to learn relaxation techniques that you can practise at home with tapes. Contact CancerLink Hotline: 3656 0800.

Many people find it helpful to take some regular exercise. The type of exercise you take, and how strenuous, depends on what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

Understanding Your Illness

If you and your family understand your illness and its treatment, you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.

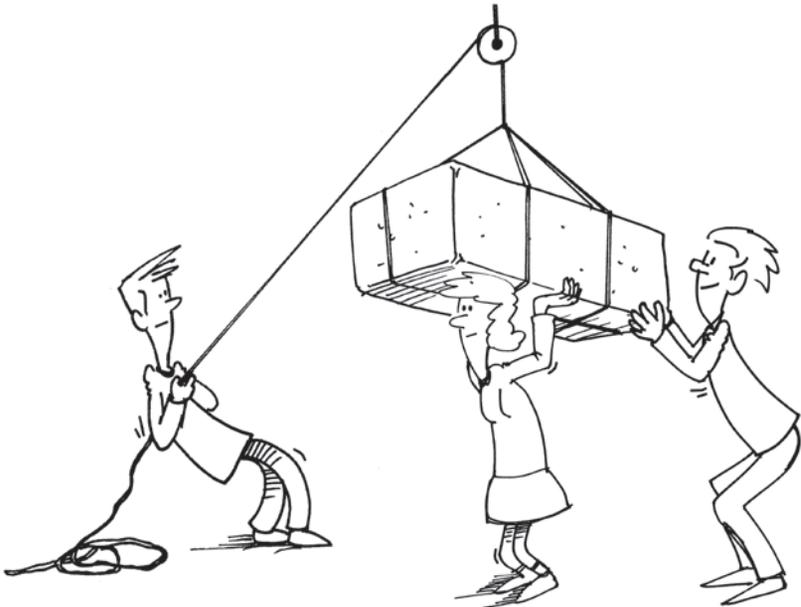
However, for information to be of value it must come from a reliable source to prevent it causing unnecessary fears. Personal medical information should come from your own doctor who is familiar with your medical background. As mentioned earlier, it can be useful to make a list of questions before your visit or take a friend or relative with you to remind you of things you want to know but can forget so easily.





What to do if you are relative or friend?

Some families find it difficult to talk about cancer or share their feelings. The first reaction of many relatives is that the person with cancer should not be told. They may be afraid that he or she will be unable to cope with the news or perhaps that they themselves will find it difficult if the person with cancer knows the truth. If a decision is made not to tell, the family then has to cover up and hide information. These secrets within a family can be very difficult to keep and they can isolate the person with cancer, causing unnecessary fear and creating tension between family members.



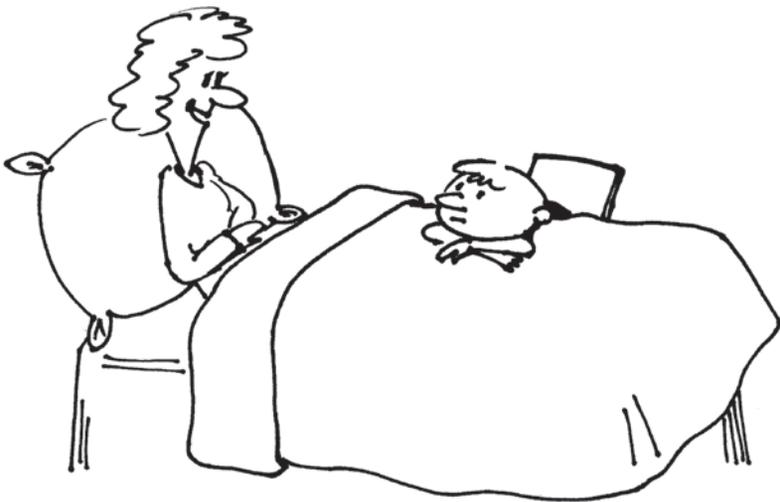
In any case, many people suspect their diagnosis, even if they are not actually told. It is much easier to cope with the problems you may experience if you are all open and truthful with each other.

Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he or she is ready.

Talking to Children

Deciding what to tell children about cancer is difficult. How much you tell them will probably depend on their age and how grown up they are. Very young children are concerned with immediate events. They do not understand illness and need only simple explanations of why their relative or friend has had to go into hospital.

Slightly older children may understand a story explanation in terms of 'good cells and bad cells', but all young children need to be repeatedly reassured that the illness is not their fault. By the age of ten most children can grasp fairly complicated explanations.

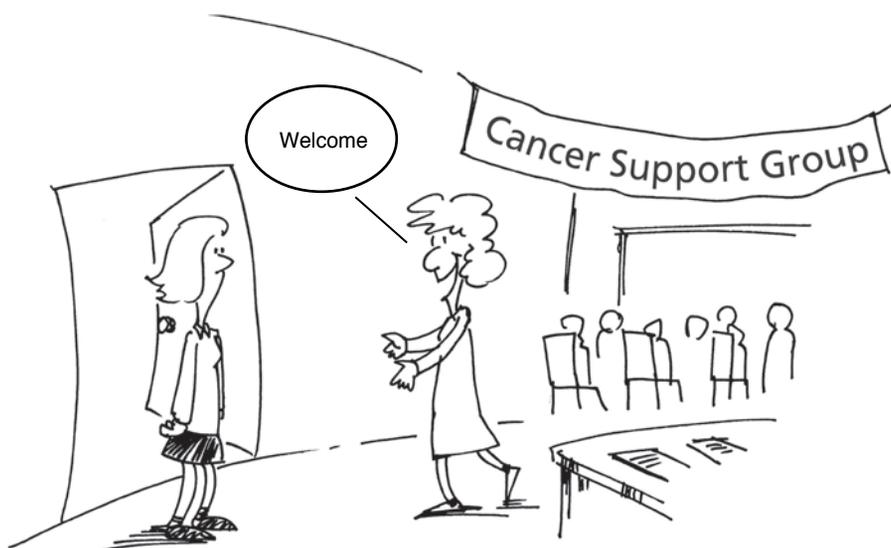


Adolescents may find it particularly difficult to cope with the situation because they feel they are being forced back into the family just as they were beginning to break free and gain their independence.

An open, honest approach is usually the best way for all children. Listen to their fears and be aware of any changes in their behaviour. This may be their way of expressing their feelings. It may be better to start by giving only small amounts of information and gradually building up a picture of the illness. But do not keep them in the dark about what is going on. Their fears are likely to be much worse than reality.

Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Many people also find great comfort in their religion at this time. Hong Kong Cancer Fund is always willing to discuss any problems that you might have and we can put you in touch with a counsellor or a support group.



Hong Kong Cancer Fund Service Network

Our Cancer Patient Resource Centres in the public hospitals and the four CancerLink support centres in the community provide free counselling and information to those affected by cancer. Together they form a seamless service network that meet the needs of those living with cancer at different stages of their cancer journey.

■ Cancer Patient Resource Centre

There are altogether seven Cancer Patient Resource Centres in the oncology departments of the major public hospitals. They are often the first point of contact for support and information after a diagnosis. The centres provide cancer information, emotional support, counselling and guidance to those in need.

■ CancerLink support centre

We have four CancerLink support centres in the community that support the specific needs of cancer patients and their families, throughout various stages of their cancer journey.

Care specialists including registered social workers, oncology nurses, counsellors and therapists are on board to provide support, information and specialised services.

Programmes in our CancerLink support centres are carefully designed to meet individual needs. Private and group counselling are conducted by registered professionals to help patients and families deal with different emotional aspects during their course of treatment. There are also courses to develop coping skills, class classes to help relieve mental and physical stress, and peer support groups for experience sharing. There is also a well-stocked library in each centre, with rehabilitation equipment ready for use.

Whether you are seeking self-help information or group support, choices are always available.

■ Hotline

Our hotline receives thousands of calls every year. It is supervised by professionals who share and give advice on both physical and emotional difficulties faced by patients and their families. Talking with someone who understands can make a huge difference.

Hotline : 3656 0800



Hong Kong Cancer Fund Support Network

CancerLink support centre

CancerLink Support Centre, HK Island

2201-3 China United Centre, 28 Marble Road, North Point, Hong Kong
Tel: 3667 3030 Fax: 3667 3100 Email: canlinkcentral@hkcf.org

Special thanks
SATINU
RESOURCES GROUP LIMITED

CancerLink Support Centre, Wong Tai Sin

Unit 2-8, G/F., Wing C, Lung Cheong House, Lower Wong Tai Sin Estate, Kowloon
Tel: 3656 0700 Fax: 3656 0900 Email: canlink@hkcf.org

CancerLink Support Centre, Tin Shui Wai

Shop No.201C, 2/F, Phase 2, Fortune Kingswood, 12-18 Tin Yan Road, Tin Shui Wai, New Territories
Tel: 3919 7070 Fax: 3919 7099 Email: canlink-tsw@hkcf.org

CancerLink Jockey Club Support Centre, Kwai Chung

3/F, TLP132, 132-134 Tai Lin Pai Road, Kwai Chung
Tel: 3667 3200 Fax: 3667 3299 Email: canlink-kcc@hkcf.org

CanSurvive (English-speaking Support Group)

Hotline: 3667 3030 Fax: 3667 3100

Cancer Patient Resource Centre

Pamela Youde Nethersole Eastern Hospital

1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong
Tel: 2595 4165 Fax: 2557 1005

Prince of Wales Hospital

3/F., Sir Yue Kong Pao Cancer Centre, 30-32 Ngan Shing Street, Shatin, NT
Tel: 2632 4030 Fax: 2632 4557

Queen Elizabeth Hospital

Room 601, Block R, 30 Gascoigne Road, Kowloon
Tel: 3506 5393 Fax: 3506 5392

Tuen Mun Hospital

Basement, Department of Clinical Oncology, Tsing Chung Koon Road, Tuen Mun, NT
Tel: 2468 5045 Fax: 2455 1698

Princess Margaret Hospital

Room 239, 2/F, Oncology Building, Block H, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon
Tel: 2990 2494 Fax: 2990 2493

United Christian Hospital

Block Q, 2/F, 130 Hip Wo Street, Kwun Tong, Kowloon
Tel: 3949 3756 Fax: 3949 5595

Cancer Care and Support Unit

Queen Mary Hospital

2/F., Professorial Block, 102 Pokfulam Road, Hong Kong
Tel: 2255 3900 Fax: 2855 3901

Hong Kong Cancer Fund

We provide free services to anyone touched by cancer

Hotline: 3656 0800

Website: www.cancer-fund.org

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