

Deciding what to do about lung cancer

This short decision aid is to help you decide what to do about your lung cancer. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

It is for people who have been diagnosed with non-small-cell lung cancer that has not spread outside the lungs. It is not for people with more advanced lung cancer, or with small-cell lung cancer.

There are three main options for treating your lung cancer. The choices are:

- Active monitoring, where instead of immediate treatment you are monitored to see how the cancer
 develops, and have treatment for any symptoms that you get in the meantime
- Radical radiotherapy, using radiation to treat the lung cancer
- Surgery to remove the lung cancer, with or without chemotherapy.



What are my options?

	Active monitoring	Radical radiotherapy	Surgery and chemotherapy
What is the treatment?	If you decide to have active monitoring, you do not have immediate treatment. Instead, you are regularly checked by the medical team in case you develop symptoms or your symptoms get worse. You don't have treatment until you decide you want it. If your symptoms get worse or you get new symptoms, your doctor might recommend that you start a suitable treatment. You should let your medical team know straight away if your condition gets worse.	Radiotherapy (radiation treatment) uses high-energy rays to damage cancer cells and stop them from growing and dividing. Radiotherapy affects cancer cells only in the treated area. Radical radiotherapy is intended to cure lung cancer. Radiotherapy doesn't hurt, and it doesn't make you radioactive. Some people have chemotherapy before, or at the same time as, radiotherapy.[1]	If you have surgery for lung cancer, the surgeon aims to remove all the cancer from your lung. The type of operation you have depends on how far your cancer has spread and how fit you are. A wedge resection or segmentectomy is when a small part of the lung is removed. In a lobectomy or bilobectomy, one or two lobes of the lung are removed. A pneumonectomy is when the whole lung is removed. Some people have chemotherapy after surgery. Chemotherapy drugs are usually given as injections into your vein or as a drip (also called an IV or an intravenous infusion). Some drugs come as tablets.



	Active monitoring	Radical radiotherapy	Surgery and chemotherapy
What is the effect on length of life?	Active monitoring does not help you live longer. We don't know how long people with localised lung cancer live if they choose active monitoring. There is little information available about this.	Radical radiotherapy should help you to live longer than if you don't have any treatment. In one group of people who had one type of radical radiotherapy, 37 in 100 lived for more than two years after treatment.[2] There isn't enough research for us to know how many people having radical radiotherapy live longer than five years.	Having surgery should help you to live longer. In one group of people with lung cancer suitable for surgery, more than 50 in 100 people who had surgery lived longer than five years, with no deaths in the first month.[3] For people with cancer at a very early stage, more will live for at least five years. About 5 in 100 more people live for at least another five years if they have chemotherapy as well as surgery than if they have surgery without chemotherapy.[4] A small number of people die during the operation, or shortly afterwards. In the group of people above, none died within 30 days of surgery. In a group of people with more advanced cancer, about 4 in 100 patients died within 30 days of surgery.[5]
	Active monitoring	Radical radiotherapy	Surgery and chemotherapy
What is the effect on key symptoms?	Most people with early stage lung cancer do not have any symptoms. If you do have symptoms, active monitoring does not improve these directly. You are likely to be offered supportive care including pain relief and help with breathing if needed. This may reduce pain and breathlessness.[6]	Most people with early stage lung cancer do not have any symptoms. We don't know how radical radiotherapy can affect your symptoms.[7]	Most people with early stage lung cancer do not have any symptoms. If you do have symptoms, surgery with chemotherapy may reduce breathlessness and pain, usually six to eight weeks after treatment. Chemotherapy can reduce breathlessness in 20 in 100 patients. Chemotherapy may also reduce pain.[8]



	Active monitoring	Radical radiotherapy	Surgery and chemotherapy
What are the unwanted effects?	Active monitoring does not cause side effects.	Radiotherapy can cause swelling in your lungs (pneumonitis). This might make you feel breathless. Breathlessness can come on long after your treatment, and get worse over time. This happens to between 1 in 100 and 30 in 100 people.[9] Other side effects include hair loss in the area being treated, which can be permanent, feelings of tiredness, and difficulty swallowing. Radiotherapy can also cause itchy skin in the area being treated. Some people get swelling of the lungs or narrowing of the gullet (oesophagus).[10]	Most people feel some pain immediately after surgery. Your health care team can help control this pain with medicines called painkillers. These can be taken as tablets or given through a vein in your arm (as a drip). Some people will continue to feel pain for a few years after surgery. Surgery removes part of your lung. This can make you breathless or make any breathlessness you had before surgery worse. This is because you have less lung capacity (space within your lung to breathe) after surgery than you did before. This breathlessness should not stop you from getting on with your everyday life. Less common but more serious unwanted effects include pneumonia and fluid around the lung (called pleural effusion). These kinds of problems with the lungs affect about 25 in 100 people after surgery and may cause breathing problems. They can usually be treated. About 14 in 100 people get heart problems, such as irregular heart beat. Infection after surgery can cause death but the chances of this happening are very rare. Different types of chemotherapy can cause diffects that might be caused by each type of chemotherapy. Side effects of chemotherapy include hair loss, tiredness, and feelings of sickness. Most side effects of chemotherapy are temporary but hair loss may be permanent.



	Active monitoring	Radical radiotherapy	Surgery and chemotherapy
What is the effect on quality of life?	Active monitoring means having regular check-ups, usually with scans or x-rays, to monitor any changes in the size of the tumour or to give advice about the treatment of any symptoms that you might develop. We don't know how active monitoring may affect the quality of your life.	Standard radiotherapy usually involves hospital treatments as a day patient (outpatient), every day for about four to six weeks. Other types of radiotherapy might involve more than one treatment per day over a shorter period of time. You might need to stay in hospital, or nearby, if you are having more intensive radiotherapy treatment. We don't know what effect radical radiotherapy may have on your quality of life.[11]	The average time in hospital after surgery for lung cancer is between six and seven days. After having part or all of a lung removed, you will need a recovery time of at least six weeks before you can be as active as you were before. Some people might need two or three months to recover. You usually have to go to hospital to have chemotherapy treatment. If your treatment means you have less pain and breathlessness, this may improve your quality of life. Adding chemotherapy to surgery does not appear to reduce quality of life.[12]



What are the pros and cons of each option?

People with lung cancer have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for lung cancer:

- Do they find their symptoms intolerable?
- Are they willing to wait and see what happens with this cancer?
- Do they want to be able to work and to socialise with family and friends more than they can at present?
- Are they willing to have a treatment that might have harmful side effects?
- Do they want to spend as little time as possible in hospital?
- Are they willing to undergo major treatments if they give them the best chance of a longer life?