

LUNG CANCER WEBSITE



www.europeanlunginfo.org/lung-cancer

WHAT WE DID

1 Reviewed research

A patient-centred review of published medical research and organisational literature about lung cancer formed the basis for evidence-based planning discussions and consultation throughout the project.

2 Set up a patient advisory group

We brought together individuals with experience of lung cancer from across Europe to form a patient advisory group to help guide the direction of the project and to contribute their experiences and views. They are pictured in the main section below.

3 Consulted in Europe

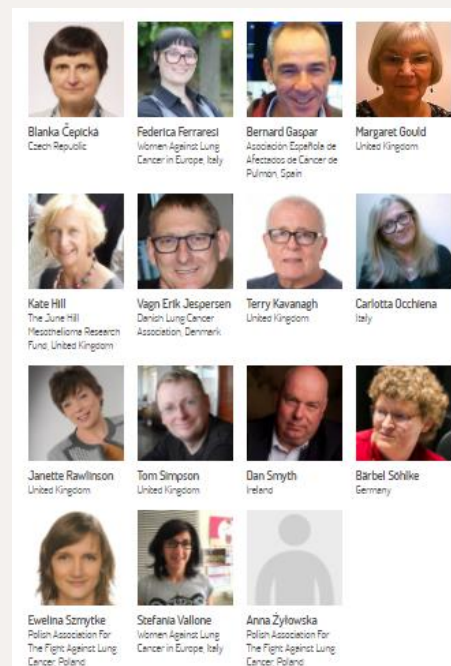
We consulted with 400 individuals through the following activities:

› Workshops

Patients, carers and healthcare professionals came together at workshops in Brussels and Amsterdam to share experiences and discuss priorities for lung cancer treatment and care.

› Questionnaires

An online questionnaire in 15 languages was disseminated to patients and caregivers in Europe to test the views emerging from the workshops with a wider group. A questionnaire was also circulated to lung cancer patient organisations to gather their views.



Rak płuca

„Rak płuca” to nazwa zbiorcza dla nowotworów tchawicy, oskrzeli lub przetrębków płucnych.

Niniejsza informacja dotyczy szczególnie dwóch głównych (najczęstszych) typów raka płuca.

Te dwie główne postacie raka płuca to:

- **Niedrobnokomórkowy rak płuca** (w skrócie, z j. angielskiego: NSCLC) Około 70–80% osób chorujących na raka płuca choruje na NSCLC. Z kolei najczęstsze typy NSCLC to rak gruczołowy i rak płaskonabłonkowy. Rzadsze postacie tego nowotworu są opisane w naszym arkuszu informacyjnym dotyczącym rzadkich nowotworów płuca, dostępnym na stronie internetowej ELF.
- **Drobnokomórkowy rak płuca** (w skrócie, z j. angielskiego: SCLC) Około 20% osób chorujących na raka płuca choruje na SCLC. Niniejszy arkusz informacyjny nie obejmuje tak zwanego międzybłoniaka, nowotworu, który rozwija się w błonie otaczającej płuca, zwykle spowodowanego wdychaniem pyłu azbestowego. Nasza strona zawiera więcej informacji na temat zawodowych chorób płuc.

Przyczyny

Podczas gdy palenie tytoniu wiąże się z ponad 80% wszystkich przypadków raka płuca, nowotwór ten rozwija się również u wielu osób, które nigdy nie paliły lub były narażone na palenie bierne.

Warto zapoznać się z naszymi informacjami dotyczącymi czynników ryzyka związanych z paleniem tytoniu i paleniem biernym i z naszą stroną internetową Smoke4ez.

Lung cancer

Lung cancer is a cancer of the trachea (windpipe), bronchi (airways) or lung air sacs (alveoli).

This factsheet will look specifically at the two main types of lung cancer that occur most often.

The two main categories of lung cancer are:

- **Non-small cell lung cancer (NSCLC)** Around 70–80% of people with lung cancer have NSCLC. The most common forms of NSCLC are adenocarcinoma or squamous cell carcinoma. Rarer forms are covered in our rare lung cancers factsheet, available on the ELF website.
- **Small cell lung cancer (SCLC)** Around 20% of people with lung cancer have SCLC.

This factsheet does not cover mesothelioma, a type of cancer that grows in the lining around the lungs and is usually caused by breathing in asbestos dust. Get more information about occupational lung disease on our website.

Causes

While smoking tobacco is linked to more than 80% of all lung cancer cases, many people that have never smoked or been exposed to passive smoke develop lung cancer.

See our information on the risk factors for tobacco smoking and passive smoking and our Smoke4ez website.

Patient priorities documents

How to build quality patient-professional relationships

Tips produced by people with experience of lung cancer to help improve communication and trust between healthcare professionals and patients.

What healthcare professionals can do

1. Get to know us as individuals; our experiences are not the same.
2. Treat us with respect, warmth and care.
3. Communicate with us clearly and consistently (verbal and written).
4. Give us the information we need at the level we want it.
5. Tell us about the best and most recent treatments available.
6. Discuss our options with us and treat us as an equal partner in decision making.
7. Be positive and offer us hope even when our options are limited.
8. Recognise that we are the experts in living with lung cancer every day.
9. Be aware that our family members may have different information needs to us.
10. Do not blame us for having this disease and help us overcome lung cancer stigma.

What patients can do

1. Remember you have the right to be respected as a person and not viewed as a medical case.
2. Prepare for your appointments, for example plan your questions in advance.
3. Be honest when discussing your day to day experiences of lung cancer.
4. Ask questions about what you need to know; there are no stupid questions about cancer.
5. Ask for further clarification if you do not understand.
6. Ask for advice on what to do if you are unsure.
7. Challenge professionals if you want to question something they have told you.
8. Offer support to professionals where you can, for example write to the hospital if there are resource issues to address.

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Patient priorities for lung cancer treatment and care

These priorities were identified after consultation with people with experience of lung cancer across Europe as part of ELF's patient priorities lung cancer project.

<p>At the heart</p> <p>A quality patient-professional relationship</p>	<p>Communication</p> <p>Get to know us – our experiences are not the same Treat us with respect and warmth Communicate clearly Take information to our needs Offer us hope and positivity</p>
<p>Treatment</p> <p>Find out our preferences Discuss all options including recent advances Involve us in discussions and decisions</p>	<p>Services</p> <p>Access psychological support from diagnosis onwards One main contact throughout our treatment Rehabilitation support following treatment Quality standards across Europe</p>
<p>Training</p> <p>How to build trust and positive relationships Recognising symptoms Psychological impact of diagnosis</p>	<p>Education</p> <p>Campaigns to raise awareness Self-advocacy for patients Access to research in multiple languages</p>

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Factsheet in 11 languages

Signposting to local support

Find support in your country

Patient organisations and support groups in your country

Click on the map locations to access their websites.

