



## LUNG CANCER PATIENTS: OVERVIEW OF NEEDS

People with lung or bronchial cancer share similar concerns with people who have other lung diseases (*see CTS* list covering respiratory patient needs re awareness/knowledge, decreased illness, reduction of financial costs).

Lung cancer has additional troublesome elements, and it also is viewed as urgent and life threatening. It leads cancer mortality rates for *both* US men and women. Metastasis worries are more frequent with lung cancer than other sites. The mortality rates are high because the majority of people get diagnosed at an *advanced* stage.

### Meaningful support specific to people with bronchial or lung cancer includes:

- ▶ **Recognition of warning signs:** cough, shortness of breath (dyspnea), wheezing, coughing up blood (hemoptysis), difficulty swallowing (dysphagia), hoarseness, chest pain, swelling face and arm, nausea/vomiting
- ▶ **Early identification**
  - Palliative care expectations and team support (include chronic and end stage planning elements *early*, when the individual asks or can accept the relief and piece of mind of having resolved some important affairs or decisions)
- ▶ **Assessment of the individual's disease type**
  - Non-small cell lung cancer: NSCLC, ~ 80%
    - Squamous cell carcinoma, ~ 25%
    - Adinocarcinoma, ~ 40%
    - Large-cell carcinoma, ~15%
  - Small-cell lung cancer: SCLC, ~ 20%
    - Pure small-cell
    - Mixed small cell and large-cell
    - Combined small-cell
- ▶ **Stage of the individual's disease**
  - 0-IV
- ▶ **Assessment of comorbid disease(s)**
- ▶ **Treatment options** (surgical oncology, radiation therapy, immunotherapy used as an adjuvant to the primary therapy.) The type, stage of disease and the person's ability to tolerate treatment are key factors. Cytology confirmation of the type [histology from a biopsy] is critical before treatment can be recommended
- ▶ **Patient education during treatment**
  - Type and stage of disease
  - Relevant aggressive treatment options, decisions
  - Reassuring information about major surgery
  - Potential side effects of the specific therapy
  - Controlling infection risks
  - Motivation to adhere to prescribed cancer treatment

- Managing multiple medications, complex dosing and symptoms
- Loss of lung function
- Follow-up care
- Decrease risk behaviors (**maintain a contented mood**<sup>1</sup>, reduce/cease smoking, avoid second hand smoke, decline/limit alcohol, prevent excess weight)
- Pulmonary rehabilitation program (for persons with early-stage disease or those with moderate to high activity level)
  - Answer questions, correct misinformation
  - Increase aerobic capacity: decreases minute ventilation, lessens fear, increases energy, all contributing to control of dyspnea
  - Increases psychological and social interactions
  - Increase in quality of life (QoL)
- ▶ **Symptom management**
  - Significant **pain** management<sup>2</sup> (includes post-operative turning, coughing, deep breathing and incentive spirometry)
  - Airway disorders
  - **Dyspnea**<sup>3,4,5,6</sup> (shortness of breath, difficulty breathing, breathlessness, tight throat) on exertion; predominant in ~ 80% of lung cancer patients

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<sup>1</sup> 🗨️ “Patient and families often attempt to deny the presence of pain because of its potentially ominous meanings. Only through vigorous educational efforts, focusing on the multiple meanings of pain can the barriers to adequate pain recognition and management be lowered...The “pain” reported by patients with cancer is not only physical but often psychological and spiritual...depression and anxiety must also be identified and treated...may be manifested by insomnia, sexual dysfunction and decreased sexual desire. Untreated...may result in patients’ inappropriately using prescribed analgesics. ...the caregiver’s emotional reactions to stress and the impending loss of a loved one may even be more extreme than those of the patient. ...question their ability to care for this symptom in the home setting. Family members’ concerns about poor pain relief are often counterbalanced by concerns about the possibility of drug addiction, respiratory depression, or drug tolerance to opiate analgesics. They may therefore undermedicate the patient, even as they worry about poor pain relief. It is vital that the health care team address these myths and misconception.” *A Cancer Source Book for Nurses*, Eighth Edition (pp. 503-504). C G Varicchio, Ed, Jones and Bartlett Publishers, 2004

<sup>2</sup> 🗨️ “Sarna et al (2002) study of long-term survivors of NSCLC found most participants were hopeful after their treatment and viewed lung cancer as making a positive change in their lives. However 22% had distressed mood, 13% continued to smoke, and 50% had moderate-to-severe pulmonary impairment. Being in the group with distressed mood was the most important predictor of QoL....In another study, Evangelista and colleagues evaluated the health of perceptions and risk behaviors in lung cancer survivors. Seventy percent of participants reported their health to be good to excellent. Approximately half of the participants drank alcohol and were overweight, and 13% continued to smoke. The state of being overweight, smoking and exposure to passive smoke were predictors of poor health status.” *Ibid*, p 223-224

<sup>3</sup> 🗨️ “Dyspnea is the one symptom that causes the greatest distress for caregivers. It is a predictor of increased likelihood of hospital rather than home death. Dyspnea causes loss of physical stamina, so that even activities of daily living (ADL) become difficult or even impossible. This change in activity status can lead to anger, helplessness, frustration, and depression. The feeling of drowning due to air hunger is real, and it can bring a fear of dying because ‘I cannot breathe’.” *Ibid*, p. 407-408.

<sup>4</sup> 🗨️ “As dyspnea progresses, cognitive changes occur that can endanger safety. The effects of dyspnea are not only change altering for the patient but also increase caregiver burden.” *Ibid*, p. 409.

<sup>5</sup> 🗨️ “Teaching is effective in reducing distress from dyspnea and includes information related to the causes of dyspnea, changes in lifestyle that will not increase stress, effective coping strategies, and the appropriate use of oxygen, especially the common misconception that more oxygen is better... Teaching diaphragmatic breathing and pursed lip breathing can decrease stress, increase relaxation, decrease respiratory rate, and increase tidal volume, all of which help alleviate dyspnea.” *Ibid*, p. 411.

- **Dry cough**
- **Wheezing**
- **Bloody sputum** (hemoptysis)
- Nausea, dehydration
- **Fatigue**
- **Hypersecretion of mucus**
- **Changes in appetite**
- Proper nutrition (eg, soft foods; standard multivitamin and mineral supplement equivalent to 100% daily value; liquid dietary supplements), weight management
- Fever
- Frequent radiation side effects include skin care, esophagitis, radiation pneumonitis, pericarditis
- Sleep difficulties
- Anxiety, depression
- Spiritual challenges (searching for meaning, seeking greater understanding, facing mortality, increased focus on existential concerns. Addressing life in the larger context, as experiencing grief is itself life-changing. How a person deals with life-changing events such as extreme pain, grief and loss is a natural process that can lead to healing and personal growth. It defines the course of who he will become)
- Sexuality
- **Adaptation skill building/reinforcement**
  - Coping strategies (cultural, religious variables; social stigma of cancer [especially lung cancer for any tobacco use], isolation, frustrating health care coverage policies; financial burdens of prolonged chronic treatment)
  - Problem-solving abilities
  - Communication skills
  - Level of ~family support (resolve conflicts if possible, help all come to accept what cannot be changed)
  - Actively looking for support *outside* the immediate family
    - Alternate transportation options (including rides for children, other family members when health care appointments are extended beyond expected end time)
    - Support groups
    - Caregiver classes
    - Visiting nurses
    - Chore services
  - Maintaining a semi-normal routine
  - Flexibility, tolerance of ambiguity (unpredictability of the disease, increasingly limited treatment options, etc)
  - Resiliency
  - Hope (equal value for cure or for control of symptoms)
- **Survivorship** (defined as anyone with cancer, from time of diagnosis through death)
- **Return to work**

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<sup>6</sup> ☞ “To help control dyspnea, it is essential that medications are given in a timely manner to maintain adequate blood levels.” Ibid, p. 412.

- Cancer survivors have ADA protection when applying for a job: potential employers are prohibited from asking questions about an individual's health history or current health status during interviews. However, after hire when undergoing a physical exam it is prudent to disclose one's cancer history
- Cancer survivors must disclose their diagnosis to their employer in order to be protected by the ADA (federal Equal Employment Opportunity Commission [EEOC] investigates ADA discrimination in workplace allegations)
- **Cancer progression or recurrence** (often transfers goal/hope from curative treatment to maintaining some QoL and symptom management, fading away. Transition from someone who has cancer to a person dying from cancer. Effective palliative care increases.)
- **Final stages, end of life (EoL) preparation** (*see CTS EoL resource listing*)

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