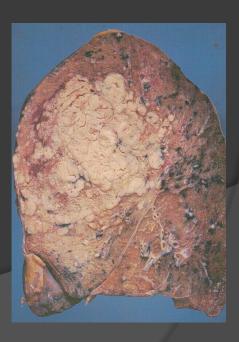


- Overview of lung cancer
- Prevalence of lung cancer in COPD
- Signs and symptoms/Risk factors
- Symptom management
- Questions?



Overview

- Most common cause of cancer death NZ and worldwide
 - For both male and female
 - Top 5 cancer in NZ
- In NZ causes 19% of all cancer deaths
 - Worldwide causes 27% of all cancer deaths
 - In 2012 caused 1 in every 5 deaths
- 2000 cases/year (1650 deaths/year)
- Mean age at presentation 64



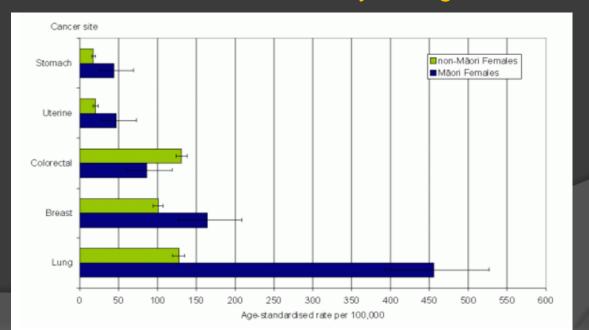
Overview

- Before 1900 medical oddity
 - Increased dramatically in 1950s
 - In 1933 Evarts Graham pioneered a pneumonectomy in US
 - In 1920 asked whether tobacco smoking caused increased incidence of lung cancer, replied "so has the use of nylon stockings"
 - He was a cigarette smoker and ironically died of lung cancer in 1957



Overview

- Rates are similar for Maori and non-Maori
 - Mortality higher for both males and females in Maori
 - 4.2 x rate for Maori versus non Maori female
- Poor prognosis 5 year survival 10%, 7% for Maori
 - In Australia and US survival is 12-16%
 - Poor survival due to late diagnosis
 - Lung Cancer is curable if found early enough!



The silent killer



Up to 50% of lung cancer patients have their first presentation through ED

Treatment options

- Surgery
 - Wedge/segmentectomy
 - Lobectomy
 - Pneumonectomy
- Radiation therapy
 - Palliative
 - Radical
 - SABR (stereotactic ablative radiotherapy)
- Chemotherapy
 - Palliative
 - Radical if combined with radiation (chemo-radiation)
- Targeted agents
 - for specific mutations
- Palliative care

Prevalence i

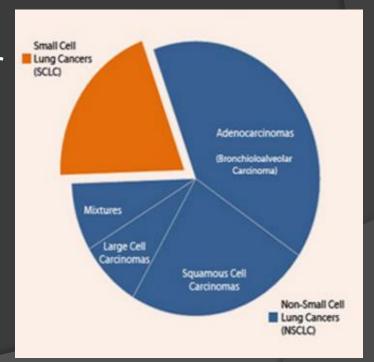


- 4 6 fold increase in lung cancer with COPD
 - ?genetic susceptibility
 - chronic inflammation
 - risk factor independent of smoking
 - due to airflow limitations
 - ?due to emphysema
 - Moderate-severe COPD at higher risk

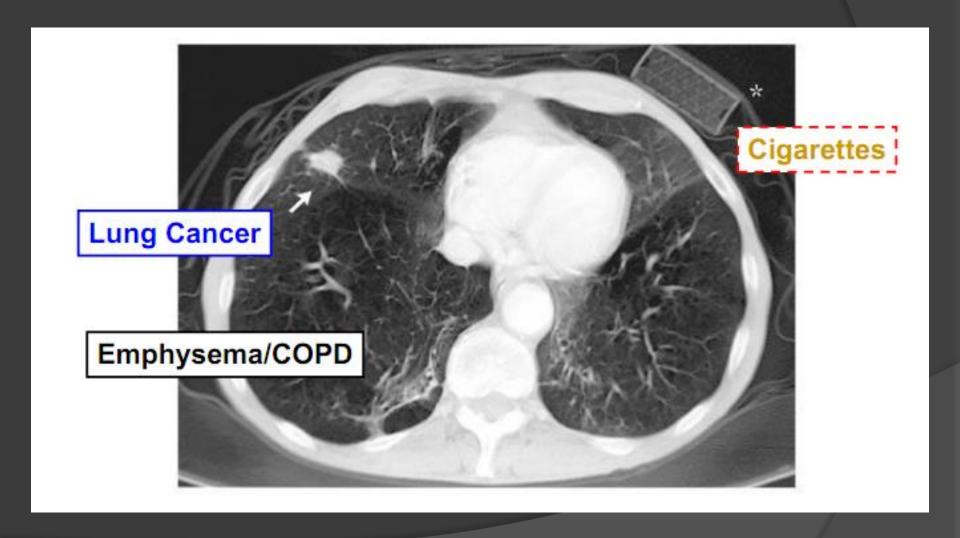
Prevalence i



- Higher risk of developing specific lung cancers
 - Small cell lung cancer
 - Squamous cell lung cancer



Genetic overlap with COPD

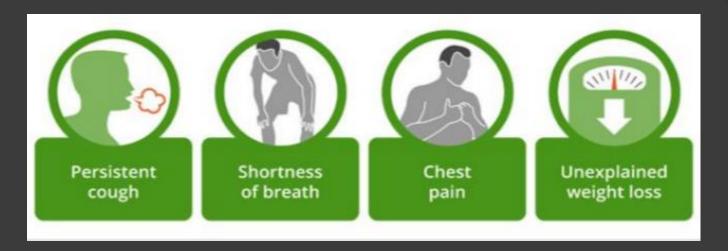


Risk factors for lung cancer



85-90% caused by cigarette smoking

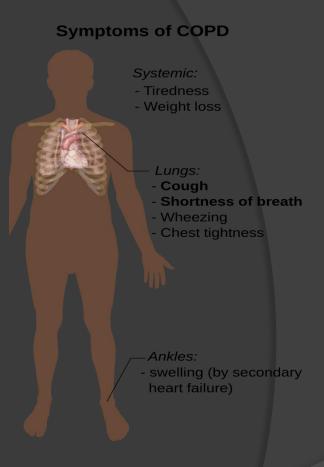
Symptoms



- Haemoptysis
- Recurrent chest infections
- Hoarse voice
- Wheezing
- Nail clubbing
- Headaches

Recognising signs

- No symptoms
- Most common presenting symptoms
 - Cough 45-74%
 - Dyspnoea 37-58%
 - Weight loss 46-68%
 - Chest Pain 27-49%



 Commonly can metastases to lymph nodes, adrenals, liver, bone and brain

- Breathlessness
 - Medications
 - antibiotics
 - diuretics
 - inhalers
 - clonazepam
 - low dose morphine
 - dexamethasone
 - Breathing techniques/positioning/relaxation exercises
 - Radiation/chemotherapy/stenting
 - Oxygen therapy
 - Pleurodesis / pleural tap / tunnelled catheter



Breathing techniques

allow diaphragm and lungs to expand





Action plan for breathlessness

When you are aware of your breathlessness:

- Tell yourself to stop and respond by pausing, breathe out slowly through your mouth.
- 2. Use positive, reassuring self-talk. (For example, "This will pass, slow down...calm down... I can slow my breathing.")
- **3.** Sigh slowly and gently...letting out a soft sound while you flop and drop your shoulders.
- 4. Focus on your slow and gentle out breath making your out breath twice as long as your in breath. Don't think about breathing in...it will happen naturally.
- Put yourself in a position that supports your head and shoulders to relax comfortably (elbows resting on knees or sit/recline wellsupported).
- Remind yourself "Slow down...calm, relax...it will be okay" because
 you can slow your breathing and get enough air. Allow yourself to feel
 comfortable and at ease.
- 7. Breathe out slowly through 'pursed' lips in the shape of an 'O' (as if you were going to blow gently through a straw). This helps you breathe out the old air from your lungs making room for fresh air.
- 8. Continue to breathe slowly and gently.
- 9. Your breathing is slowing...allow your mind to focus on a feeling or place that helps you feel comfortable and relaxed. Take yourself there while you continue to breathe out slowly in a position that is comfortable for you. Let your body become heavy and loose.

When your breathing has settled:

- Think about breathing in 'smelling the flowers' through your nose.
- Breathe out slowly and softly through your nose or breathe out slowly and softly through your mouth - enough to lightly flicker a candle flame.
- Feel your breathing deep and low in your body.

- Cough
 - Treat the lung cancer
 - Radiation can worsen it initially
 - OTC Cough suppressants
 - Saline spray, lozenges
 - Codeine
 - Low dose morphine

Pain

- Escalation as appropriate with medication
 - Palliative Care team are specialists
- Can be multi-factorial
- Treat the lung cancer
 - Radiation can be very effective for 'spot' pain

- Psychosocial distress
 - Support from family/friends ask for help
 - NTA funding
 - Exercise
 - Diet
 - Supplements
 - Treat symptoms
 - Cancer Society
 - Counsellors
 - Hospice
 - Psychologist



Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer

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Temel study

- Early palliative care showed ↑QofL
- More psychosocial distress and unmet needs than any other cancer group
- Stigma and nihilism

The silent killer



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