

Is there any method to screen for lung cancer?

Screening with chest X-ray alone may miss early lesions. Therefore, a better method known as low dose CT thorax is recommended for chronic smokers over the age of 40.

We provide a lung cancer screening package for the high-risk group. Procedures consist of basic physical examination, medical history taking, low dose CT thorax and follow-up. Please contact us for details.

How can lung cancer be prevented?

Since the chief cause of lung cancer is cigarette smoking, the most important step to prevent lung cancer is not to smoke at all and to quit now if you are a smoker.



How does COC help?

The Comprehensive Oncology Centre provides one-stop services for the screening, diagnosis and multi-disciplinary treatment of cancer, together with support and counselling for our patients and their families.

We collaborate with the University of Hong Kong in continuous medical education and development to ensure the provision of the best management to our cancer patients.

The prognosis of cancer treatment is promising if detected early. If you suspect yourself or anyone you know to have cancer, please contact us for consultation and further examinations.

For enquiries and appointments, please contact us at:

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Service Hours

Monday to Friday: 9:00 am – 5:00 pm
Saturday: 9:00 am – 1:00 pm
Closed on Sundays and Public Holidays

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綜合腫瘤科中心
Comprehensive Oncology Centre

Lung Cancer



Winning Against Cancer



養和醫院
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Comprehensive Oncology Centre

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There are two major types of lung cancer: **small cell lung cancer** and **non-small cell lung cancer**, depending on how the cancer cells look under a **microscope**. The non-small cell variety is more common, accounting for three quarters of the lung cancer cases. Different types of lung cancer behave in different ways and are treated differently.

How common is lung cancer?

Lung cancer is the most common type of cancer in Hong Kong with an incidence of 60.7 per 100,000 in the year 2008. It is the number one cause of cancer deaths in both men and women.

Lung cancer is more common in men, particularly in those over the age of 40. In Hong Kong, female non-smokers are also frequently affected.

What are the causes and risk factors?

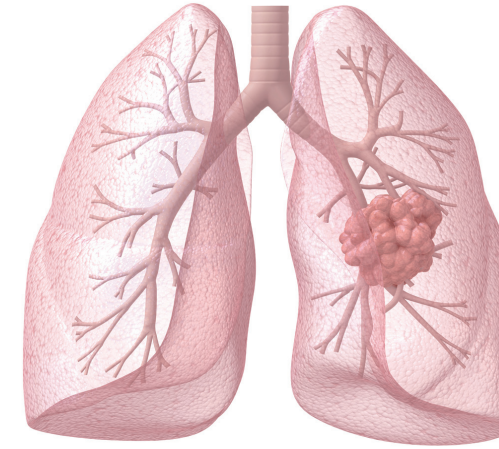
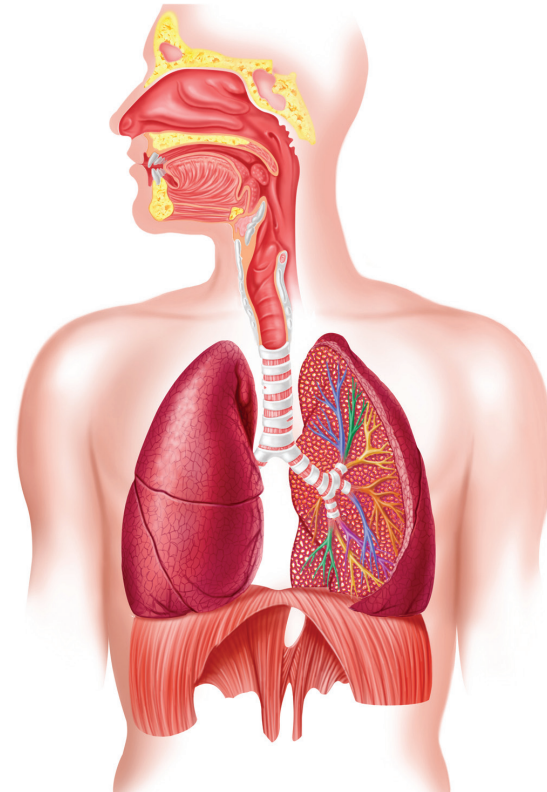
- Cigarette smoking is a major factor in the development of both small cell and non-small cell lung cancer. Both active and passive (second-hand) smoking are hazardous.
- Exposure to industrial substances such as asbestos, nickel and chromium increases a person's risk of developing lung cancer. Workers who are exposed to these substances must wear appropriate protective equipment and follow safety procedures.
- Exposure to a radioactive substance called radon is associated with an increased risk of lung cancer. Possible high-risk groups include mine workers and people living in houses contaminated with radon.

What are the common symptoms?

Common symptoms of lung cancer may include any of the following:

- A persistent and unexplained cough for 4 weeks or above or a change in your cough pattern, sputum containing blood;
- Productive cough with sputum for a significant duration (> 4 weeks), the sputum may contain blood;
- Hoarseness and shortness of breath;
- Recurrent episodes of chest infection;
- Weight loss, loss of appetite, general unwell and fatigue.

These symptoms may also be caused by other conditions. You should see a doctor if you have any of these symptoms.



How does the doctor make the diagnosis?

The following procedures are indicated for patients who are suspected to have lung cancer:

- Physical examination to look for signs suggestive of lung cancer such as decrease in breath sound, noises in the lung that are not usually present or a dull ache when the doctor percusses your chest;
- Sputum examination for the presence of malignant cells;
- Chest X-ray and/or CT scan of the chest: Sometimes CT scan is used to guide a biopsy;
- Bronchoscopy: This is an examination of the inside of the lung airways. An optical instrument with a lighted tip is passed through the trachea and the bronchi to see whether there is a growth. Cell samples (biopsies) are taken for examination.

How is lung cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- Surgery is often used to treat non-small cell lung cancers to remove the tumour and the involved parts, lobe or the whole lung. Some tumours can be removed by keyhole surgery.
- Radiotherapy is given if surgery is not considered feasible because of the patient's condition, or because the lymph nodes and the extent of lesion are so involved that surgery cannot remove all the cancer. Preoperative radiotherapy may be given to render an inoperable tumour operable.
- Chemotherapy: The role of chemotherapy has been better defined in recent years. Since the advent of platinum, particularly in combination with other drugs like Etoposide, Paclitaxel, Gemcitabine, Vinorelbine etc., the response rate to chemotherapy has improved.

Neoadjuvant chemotherapy and radiotherapy are sometimes given to try to convert some tumours from an inoperable stage to one where the tumour can be removed surgically.

Surgical removal of small cell lung cancer produces little benefit with few exceptions. Chemotherapy is the mainstay of treatment, while radiotherapy should be used concurrently during the early phase of chemotherapy to control the local tumour. On completion of the chemotherapy, radiotherapy may be used to treat the whole brain prophylactically to prevent future tumour recurrence in the brain where chemotherapy cannot reach.

Doctors will plan the most appropriate treatment according to the patient's condition.