

CanNET

**Cancer Service Networks
National Demonstration Program**

Linking regional and metropolitan
cancer services for better
cancer outcomes



Australian Government
Cancer Australia



Northern
Territory
Government

Cancer Journeys

IN THE NORTHERN TERRITORY

NT Patient Cancer Care Referral Pathways

Trachea/Lung Cancer

The *Northern Territory Patient Cancer Care Referral Pathways* have been produced by Healthcare Management Advisors (HMA) for the Northern Territory Government Department of Health and Families.

CanNET is a Cancer Australia initiative jointly funded by the Australian Government and the Northern Territory Government Department of Health and Families.

Acute Care Policy and Services Development
Department of Health and Families
87 Mitchell Street, Darwin, NT 0800
PO Box 40596, Casuarina NT 0811
Ph: (08) 8999 2778

Copies of this resource can be downloaded from the CanNET NT website at:
www.health.nt.gov.au/Cancer_Services/CanNET_NT/Publications

Table of Contents

| | | |
|----------|---|-----------|
| 1 | Explanation of Patient Pathways..... | 2 |
| | Introduction | 2 |
| | Welcome to the Trachea/Lung Cancer Pathway for the Northern Territory..... | 2 |
| | Purpose of this Pathway Document..... | 2 |
| | Implementation and Principles of Patient Care..... | 3 |
| | Future Review and Development..... | 4 |
| | Structure of the Pathways..... | 4 |
| 2 | NT Trachea/Lung Cancer Patient Referral Pathway – Overview | 5 |
| 3 | NT Trachea/Lung Cancer Patient Referral Pathway – Expanded View..... | 6 |
| 4 | NT Trachea/Lung Cancer Patient Referral Pathway – Detailed Description | 8 |
| | Step 1 Wellness Promotion / Prevention | 8 |
| | Step 2 Early Detection | 9 |
| | Step 3 Treatment Management | 10 |
| | Step 4 Follow up Care | 12 |
| | Step 5 Plan and Treat for Recurrence | 13 |
| | Step 6 End of Life Care | 14 |
| 5 | Support Services for Trachea/Lung Cancer..... | 15 |
| | CanNET NT | 15 |
| | Physical | 15 |
| | Accessories and Wigs..... | 15 |
| | Respiratory Nurses | 15 |
| | Psychosocial..... | 16 |
| | Counselling | 16 |
| | Symptom Management..... | 16 |
| | Allied Health..... | 17 |
| | Patient Assistance Travel Scheme (PATS) | 17 |
| 6 | Other Useful Sources of Information on Trachea/Lung Cancer | 18 |
| | For the General Public..... | 18 |
| | Cancer Council NT..... | 18 |
| | Cancer Council Helpline | 18 |
| | Cancer Council Australia | 19 |
| | CanNET NT | 19 |
| | Lungevity Website | 19 |
| | Quit Now Website (Australian Government)..... | 20 |
| | Quitline | 20 |
| | The Australian Lung Foundation..... | 20 |
| | Member and Support Groups | 20 |
| | Cancer Council NT..... | 20 |
| | For Health Professionals | 21 |
| | Medicare Australia items available for cancer treatment | 21 |
| | National Health and Medical Council (NHMRC) Clinical Guidelines..... | 21 |
| 7 | Glossary and Abbreviations | 22 |

1 Explanation of Patient Pathways

Introduction

Welcome to the **Trachea/Lung Cancer** Pathway for the Northern Territory.

This pathway booklet aims to assist people with cancer to understand and navigate the journey ahead. It includes information on early detection, initial diagnosis, treatment planning and treatment options.

It is also useful for health professionals to follow the referral and treatment pathways for particular cancers.

Purpose of this Pathway Document

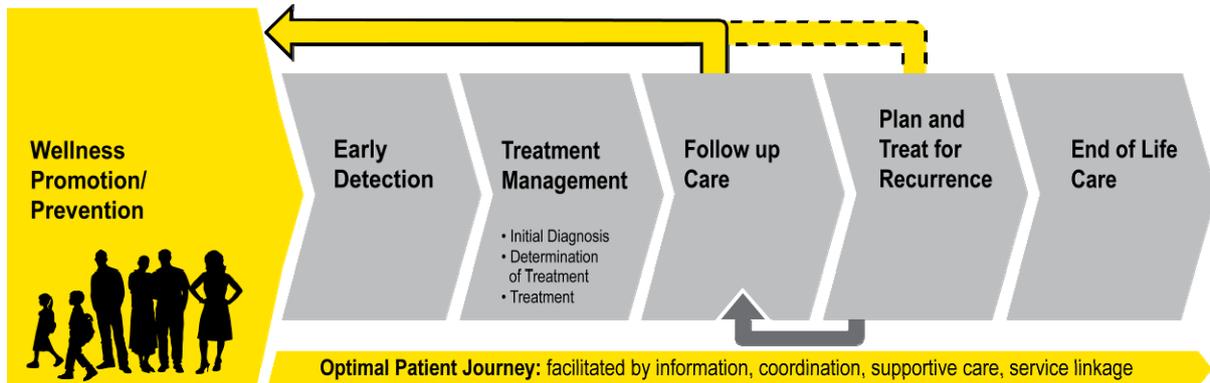
This document will help to guide you on your cancer journey through the public health system in the Northern Territory. You may choose to access the private system or to travel interstate for care, which may change the nature of the pathway you follow.

The pathway describes the current typical cancer service delivery arrangements in the NT. It is not designed to serve as evidence-based clinical guidelines or to recommend areas for service development.

It is designed to inform you of the services and treatments available, and to encourage communication amongst all team members involved in the delivery of cancer services.

The Radiation Oncology Unit at the Alan Walker Cancer Care Centre (AWCCC) in Darwin is able to plan and treat trachea/lung cancer patients who require radiotherapy. This will mean that fewer people will need to travel interstate for such services in the future, although some people will still need to do so.

Patient Cancer Care Referral Pathway – The Generic Pathway



Five pathways have been developed for the following tumour streams:

- Trachea/Lung
- Breast
- Prostate
- Bowel
- Head and Neck

Implementation and Principles of Patient Care

The pathway that you follow needs to be tailored to your needs and developed in consultation with your clinician. It will need to reflect the type of cancer that you have and the practicality of your situation. All care is based on the following principles:

- (1) **Patient-centred care:** Involves you and your carers accessing adequate information and being actively involved in the processes for all aspects of your care. Your involvement is critical.
- (2) **Coordinated care:** Throughout the cancer journey, coordinated care involves your local health professional (eg general practitioner, health worker, visiting medical officer, clinical nurse, Aboriginal Health Worker), as well as the treating surgeon and cancer specialist. You and your family should experience coordinated care with smooth and timely transitions from one service to another. Coordination of services may occur through the use of Multidisciplinary Team (MDT) meetings, case conferencing, patient records and sharing of information. Communication amongst health professionals is of vital importance to ensuring a smooth pathway for you. Do not be afraid to ask about this.
- (3) **Quality cancer services:** Cancer services support and participate in planned approaches to quality improvement through a variety of strategies designed to address your needs, service delivery, the collection and analysis of data, and staff knowledge and skills.
- (4) **Psychosocial support:** Quality of life issues are integral to your care. You should be offered access to a range of support services throughout each step of the cancer journey. This includes all services that support you, your carers and your family to meet your physical, psychological, social, cultural, information and spiritual needs.

Future Review and Development

It is envisaged that the NT Patient Cancer Care Referral Pathways will be reviewed annually to include new services that significantly impact upon the delivery of cancer services in the NT.

During future reviews, the scope of the pathways may be altered and development of additional tumour streams will occur.

Structure of the Pathways

The pathway for trachea/lung cancer documentation is provided at three levels of detail, to reflect the information needs of different readers. These levels are:

- **Level 1: Overview** (Chapter 2): This diagram provides an overview of the typical pathway for patients with trachea/lung cancer in the NT public health system. It is intended to summarise the key features of the trachea/lung cancer pathway in one easy-to-access location for patients.
- **Level 2: Expanded View** (Chapter 3): This diagram provides an expanded view of the typical pathway for patients with trachea/lung cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.
- **Level 3: Detailed View** (Chapter 4): This section provides a further level of detailed information on diagnostic processes, treatment options and possible variations in the pathway. It is intended for patients and health professionals with a need to inform themselves in undertaking their professional role.

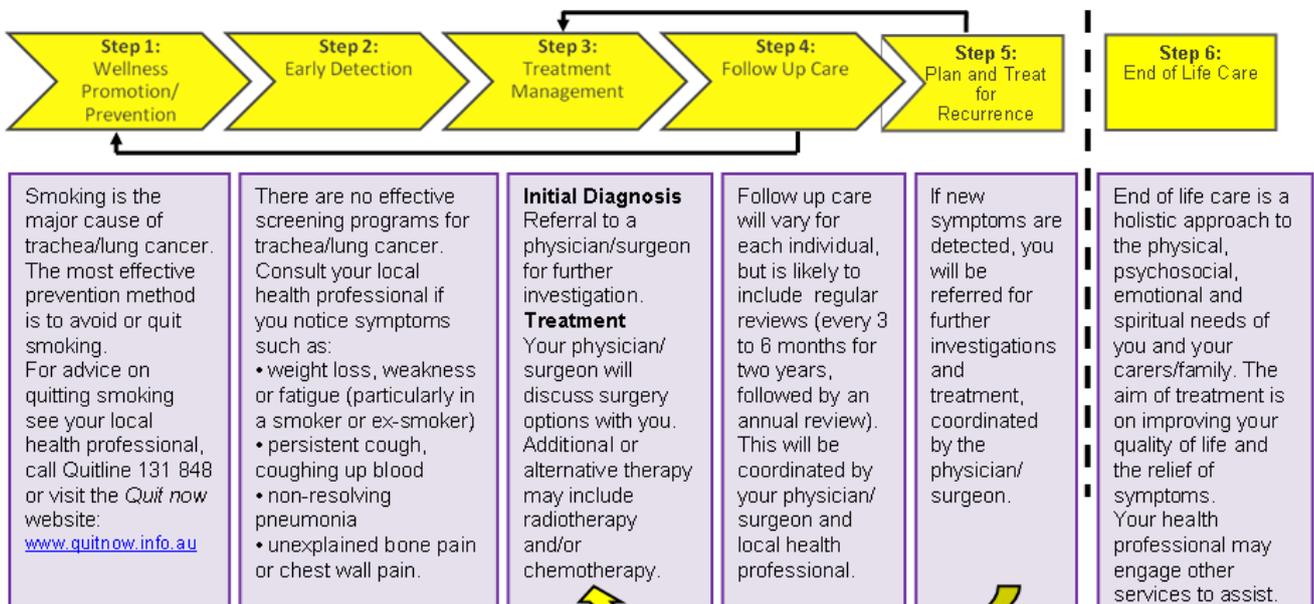
These different views are complemented by extra details on:

- Support services for trachea/lung cancer (Chapter 5)
- Other useful sources of information on trachea/lung cancer (Chapter 6)
- A glossary of terms (Chapter 7)

2 NT Trachea/Lung Cancer Patient Referral Pathway – Overview

This diagram provides an **overview** of the typical pathway for people with trachea/lung cancer in the NT public health system. It is intended to summarise the key features of the Trachea/Lung Cancer Patient Referral Pathway in one easy to access location.

Overview of the NT Trachea/Lung Cancer Patient Referral Pathway, Public Health System



Support Services

Support services are available through the **Cancer Council NT** and on the **CanNET NT** website Directory of Services www.health.nt.gov.au
Cancer Support Group ph: 131 120
NT Breatheasy S.T.A.A.R.S. Inc. Darwin ph: (08) 8988 9235
Cancer Support Nurse Darwin ph: (08) 8927 4059 or Alice Springs ph: (08) 8953 5920

Other Information

Cancer Council NT www.cancercouncilnt.com.au
 Quitnow Website www.quitnow.info.au
 The Australian Lung Foundation www.lungfoundation.com.au
 Lungevity website www.lungevity.com.au/index.cfm

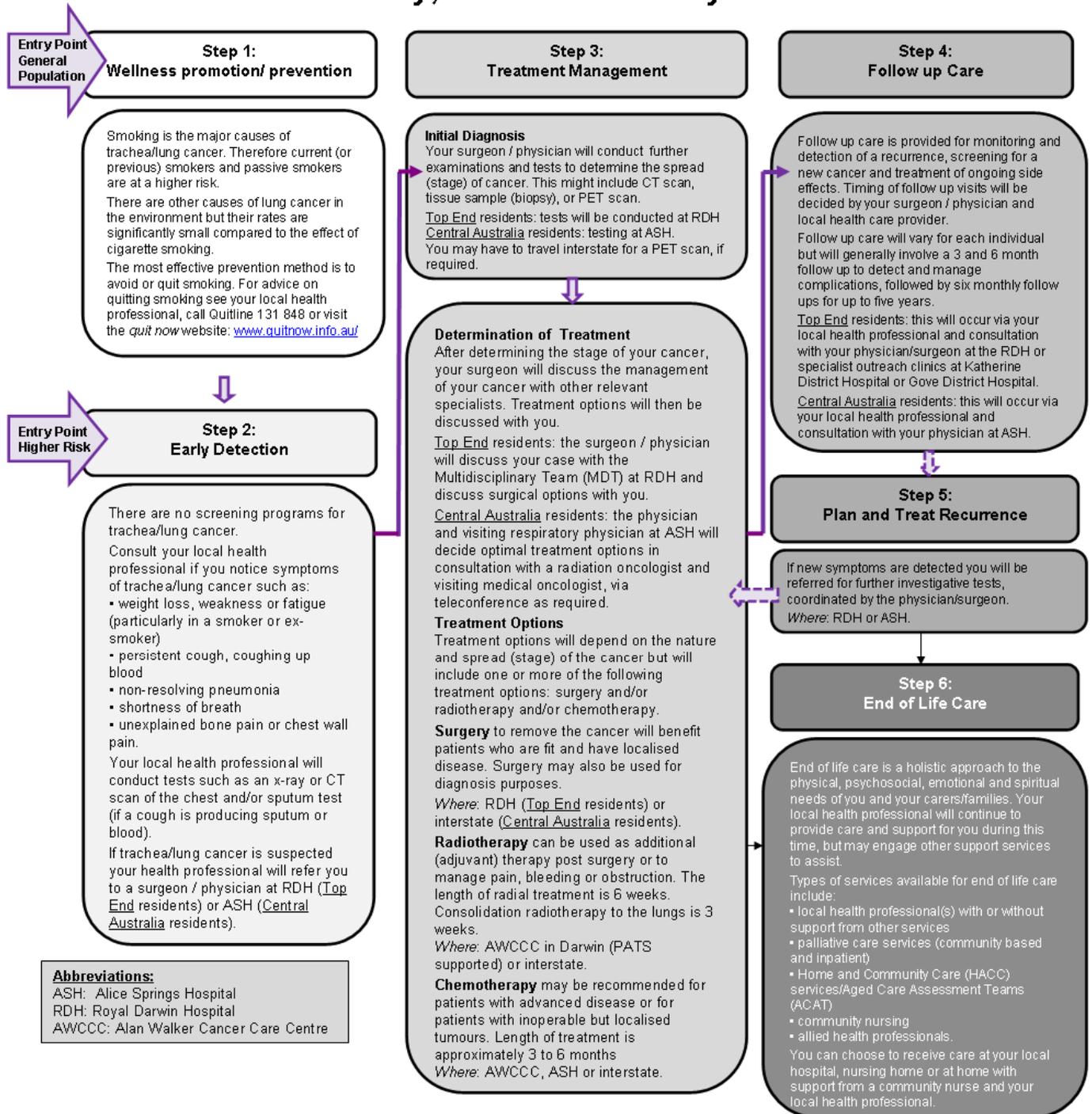
Travel Support

Assistance for patient travel through the **Patient Assistance Travel Scheme (PATS)**. Contact **Royal Darwin Hospital** (08) 8922 8135 or (08) 8922 8134; **Katherine District Hospital** (08) 8973 9206 or (08) 8973 9213; **Gove District Hospital** (08) 8987 0540; **Alice Springs Hospital** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

3 NT Trachea/Lung Cancer Patient Referral Pathway – Expanded View

The following diagram provides an *expanded view* of the typical pathway for people with trachea/lung cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.

Expanded View of the NT Trachea/Lung Cancer Patient Referral Pathway, Public Health System



Note: This depicts a typical patient cancer care referral pathway for people with trachea/lung cancer.

Other Local Support Services
 CanNET website provides updates of cancer services in the NT, and a Directory of Services at www.health.nt.gov.au
 Cancer Council NT provides counselling services via nurse counsellors, face to face or telephone, and other support services. Call the Cancer Council Helpline on 13 11 20.
 Respiratory Nurses provide assistance for patients in the home such as assessment for the need of respiratory equipment and/or home oxygen. A respiratory nurse can be accessed through the RDH, the ASH and community care centres in the NT.
 Allied health professionals that you may wish to be referred to include:

- Dieticians for nutritional advice, e.g. strategies to reduce diet related side effects and enhance nutrition and quality of life; and advice on difficulties swallowing (dysphagia).
- Occupational therapists or physiotherapists to help maximise physical capabilities and functional independence.
- Pastoral care for support and comfort irrespective of religious affiliation (or otherwise).
- Speech therapists can assist some patients if hoarseness is experienced.

Assistance for patient travel can be sought for eligible patients through the Patient Assistance Travel Scheme (PATS). Contact local Patient Travel Offices:
 Royal Darwin Hospital (08) 8922 8135 or (08) 8922 8134; Katherine District Hospital (08) 8973 9206 or (08) 8973 9213; Gove District Hospital (08) 8987 0540; Alice Springs Hospital (08) 8951 7846 or (08) 8951 7973; and Tennant Creek Hospital (08) 8962 4262.

Support groups include Cancer Council NT Advanced Cancer Support Group ph: 13 11 20 and NT Breatheasy S.T.A.A.R.S. Inc. in Darwin (08) 8988 9235.

4 NT Trachea/Lung Cancer Patient Referral Pathway – Detailed Description

This chapter provides a *detailed description* of the typical pathway for people with trachea/lung cancer in the NT public health system. It provides a further level of detailed information compared to the expanded view and includes details of diagnostic processes, treatment options and possible variations in the pathway. It is also intended for health professionals with a need to inform themselves in undertaking their professional role.

Step 1 - Wellness Promotion / Prevention

Smoking is the major cause of trachea/lung cancer. Current (or previous smokers) and passive smokers are at a higher risk of developing trachea/lung cancer than non-smokers. Other risk factors include a previous cancer of the lung, head and neck. Reduce your risk of developing trachea/lung cancer by quitting smoking.

Occupational related risks for trachea/lung cancer include exposure to asbestos or radon gas; or processing of steel, nickel, chrome and coal gas.

If you require information or help to quit smoking, consult your local health professional and contact *Quit now*.

Web: www.quitnow.info.au

Phone: 131 848

Step 2 - Early Detection

There are currently **no** population screening programs for trachea/lung cancer.

Possible symptoms of trachea/lung cancer include:

- Weight loss, abnormally low weight, weakness or fatigue (particularly in a smoker or ex-smoker)
- Persistent cough, coughing up blood, shortness of breath, hoarse voice
- Non-resolving pneumonia
- Unexplained bone pain or chest wall pain

If you notice any symptoms, you should consult your local health professional as soon as possible for further examinations and investigations, such as:

- Chest x-ray
- Computer Tomography (CT) scan of chest and upper abdomen (if the chest x-ray is normal but symptoms persist)
- Sputum test (if cough is producing sputum or blood)

If you live in the Top End, you will be referred to the Royal Darwin Hospital (RDH) for the chest x-ray and/or CT scan as required.

If you live in Central Australia, you will be referred to the Alice Springs Hospital (ASH) for the chest x-ray and/or CT scan as required.

If your local health professional suspects that you have trachea/lung cancer, you will be referred for further tests. If you live in the Top End, you will be referred to a general physician/surgeon with an expertise in thoracic surgery or lung cancer at Royal Darwin Hospital.

If you live in Central Australia, you will be referred to a general physician or visiting respiratory physician at Alice Springs Hospital.

Your local health professional will provide the physician with your medical history including important psychosocial history, radiology results (any previous chest x-rays or CT scans) and other relevant clinical findings and all abnormal results.

Initial Diagnosis

If trachea/lung cancer is suspected you will be referred to a physician/surgeon. They will determine the spread (stage) of the cancer by CT scan and other tests as required, including:

- Tissue sampling from the lung/trachea (biopsy/bronchoscopy)
- Tissue sampling from the lymph nodes of the chest (mediastinoscopy)
- Whole body imaging via Positron Emission Tomography (PET) scanning

If you live in the Top End, tests will be conducted at Royal Darwin Hospital, except for PET scanning which cannot be performed in the NT and will require interstate travel.

If you live in Central Australia, you will be referred to Alice Springs Hospital for the chest x-ray and/or CT scan as required; and interstate for PET scanning and mediastinoscopy as required.

Step 3 - Treatment Management

Determination of Treatment

After determining the stage of your cancer, your physician/surgeon will discuss the management of your cancer with other relevant specialists. This will then be discussed with you.

If you live in the Top End, your physician/surgeon will discuss your case at the cancer Multidisciplinary Team (MDT) meeting at Royal Darwin Hospital. The MDT comprises a mix of health professionals such as your surgeon, a medical oncologist and the cancer support nurse. For advice regarding radiotherapy, the radiation oncologist at the AWCCC will be consulted. If you are to receive curative radiotherapy, the course of treatment is six weeks. Palliative treatment takes up to three weeks.

If you live in Central Australia, the physician/surgeon and visiting respiratory physician at Alice Springs Hospital, in consultation with the visiting medical oncologist and a radiation oncologist (via teleconference), will decide the best treatment options for you and discuss these options with you. If radiotherapy is required, the physician will refer you to a radiation oncologist. In some cases chemotherapy may be recommended.

Treatment

Treatment will depend on the nature and spread (stage) of the cancer, but will include one or more of the following treatment options:

- Surgery
- Radiotherapy
- Chemotherapy

Surgery

Initial treatment is likely to involve surgery to remove the cancer. Surgery will benefit people who are fit and have localised disease and may also be used for diagnosis purposes.

If you live in the Top End, most surgery will be undertaken at Royal Darwin Hospital. In some instances extremely complex cases will be referred interstate.

If you live in Central Australia, your surgery will be conducted interstate, generally at the Royal Adelaide Hospital.

After surgery, your surgeon will refer your case for **radiotherapy** and/or **chemotherapy** as appropriate.

Note: Very late stage cancers are unlikely to undergo surgery.

Radiotherapy

Radiotherapy can be used as additional (adjuvant) therapy after surgery or to manage pain, bleeding or obstruction. Radiotherapy is the use of a high-energy x-ray that targets specific areas of the body where the cancer is located. The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are

therefore destroyed. The length of treatment for radiotherapy for trachea/lung cancer is approximately six weeks. In some cases, radiotherapy will be used to reduce the size of a tumour before it is surgically removed. In these instances, the length of treatment is generally approximately one week.

The Radiation Oncology Unit at the AWCCC provides radiotherapy services, however some patients may still need to travel interstate for their treatment. See Chapter 5 for further information on the Patient Assistance Travel Scheme.

Chemotherapy

Chemotherapy is the use of drugs to kill rapidly dividing cancer cells and is sometimes used after surgery to target any cancer cells remaining or that may have spread. Chemotherapy may be recommended for people with advanced cancer or for people with inoperable but localised tumours. The length of treatment varies significantly depending on the type and stage of the cancer, however most chemotherapy cycles for trachea/lung cancer take approximately 3–6 months.

If you live in the Top End, chemotherapy will occur at the Alan Walker Cancer Care Centre. If you live in Central Australia, chemotherapy will occur at Alice Springs Hospital.

Note: If you are undergoing radiotherapy at the AWCCC in Darwin or interstate, you may also undergo chemotherapy there as well.

During the treatment of cancer you may require many different types of health professionals. You can assist in communication between the members of your treatment team by asking them to send your medical information to relevant health professionals.

Shared Electronic Health Record (SEHR)

We recommend the use of the Shared Electronic Health Record (SEHR) as a way of securely storing and sharing important information about your health. This information is collected when you visit participating health care providers such as NT public hospitals, health centres and some GPs.

Your SEHR does not replace the medical record that is held by your health care provider. It is a summary of your medical record that is accessible only by authorised health professionals.

For more information on the eHealth and SEHR programs, please visit www.ehealthnt.nt.gov.au or call Consumer Services on (08) 8924 7013.

Step 4 - Follow up Care

Follow up care will vary for each individual, but at a minimum is likely to include three and six month checks to detect and manage any complications, followed by six-monthly clinical assessments for a period of five years.

Follow up care is generally coordinated by your treating physician/surgeon and local health professional. In Alice Springs, follow up care may also involve the visiting respiratory physician.

If you live in the Top End, your follow up will involve regular consultation with your local health professional and consultation with the physician/surgeon at Royal Darwin Hospital or at specialist outreach clinics at the Katherine District Hospital or the Gove District Hospital.

If you live in Central Australia, your follow up will involve regular consultation with your local health professional and consultation with the physician/surgeon and visiting respiratory physician at Alice Springs Hospital.

Abnormalities: If your follow up checks identify abnormalities, your local health professional will refer you back to the physician/surgeon for further investigative tests and treatment.

No Symptoms: If you do not show any new symptoms of trachea/lung cancer in five years, you may no longer require follow up care. You will be encouraged to follow a healthy lifestyle for wellness promotion and cancer prevention.

Step 5 - Plan and Treat for Recurrence

If new symptoms are detected from your regular follow up care, you will be referred for further investigative tests, coordinated by your physician/surgeon. Investigative tests may include:

- Chest x-ray / CT scan / other appropriate x-ray
- Tissue sample from the trachea and/or lung (biopsy/bronchoscopy)
- PET scan as appropriate (post x-ray)
- Other general medical, respiratory or cardiac tests

You will re-enter the pathway for further treatment if a recurrence is found.

If you live in the Top End, testing will occur at Royal Darwin Hospital. Travel will be required if a PET scan is necessary.

If you live in Central Australia, testing will occur at Alice Springs Hospital. Travel will be required if a PET scan is necessary.

Step 6 - End of Life Care

End of life care is a holistic approach to the physical, psychosocial, emotional and spiritual needs of you and your carers and family.

Even though your illness is considered incurable, you may still be treated with surgery, chemotherapy or radiotherapy to control symptoms and to ensure your comfort during this time. The aim of treatment is improving your quality of life and for the relief of symptoms.

Your local health professional will continue to provide care and support for you during this time and may engage other support services to assist.

Referral to services such as Territory Palliative Care (TPC), a team of health professionals who specialise in assisting patients and their families through this last stage of illness, may be made by your medical team and/or local health professional. You or your family and friends may also approach TPC for support, advice or even temporary care.

Types of services available for end of life care include:

- Local health professional(s) with or without support from other services
- Territory Palliative Care services (TPC, community based and inpatient care)
- Community Support Services such as: Home and Community Care (HACC) services and Aged Care Assessment Teams (ACAT)
- Community nursing
- Allied health professionals such as a social worker, dietician, occupational therapist, pastoral care and physiotherapist

If you live in the Top End, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- Palliative Care Hospice located at Royal Darwin Hospital campus (provides palliative care, respite and symptom management)
- medical wards at Royal Darwin Hospital
- Palliative Care room at the Katherine District Hospital
- medical wards at the Gove District Hospital
- nursing homes

If you live in the Central Australia, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- medical wards at Alice Springs Hospital and at Tennant Creek Hospital
- nursing homes

Additionally, the Cancer Council NT offers a variety of Cancer **Support Groups** and will recommend a suitable forum for your needs. These groups offer a supportive environment to discuss relevant issues, share experiences and gain strength.

For more information contact the Cancer Council helpline Darwin office on (08) 8927 4888 or Alice Springs on (08) 8953 5920.

5 Support Services for Trachea/Lung Cancer

At different times in the treatment of your cancer, different treatment team members may be the main coordinator of your care. They will advise you of other services available to you and refer you on to support services such as those described below.

CanNET NT

The canNET NT website provides updates on cancer services in the NT, including a directory of cancer specific services.

Phone: (08) 8999 2572

Web: www.health.nt.gov.au

Physical

Accessories and Wigs

You can contact the Cancer Council NT for information on free accessories such as wigs after you have received treatment.

Phone: 131 120

Respiratory Nurses

Your physician/surgeon or local health professional may refer you to a respiratory nurse, or you may self refer. Respiratory nurses can be accessed through Royal Darwin Hospital, Alice Springs Hospital and Community Care Centres in the Top End. The Community Health Centre in Alice Springs also provides some supportive respiratory services.

The role of the respiratory nurse includes assisting patients by providing:

- Education about trachea/lung cancer and its management
- Assessment for: need and support in the provision of respiratory equipment
 - need of home oxygen
 - home and social situations impacting on self-management eg anxiety
 - aggravating factors eg smoking, allergens
- Care coordination and referrals to other health care professionals as identified through nursing assessments
- Shared care planning in conjunction with general practitioners
- Home visits where appropriate

The respiratory nurse can also address medication adherence issues and act as a patient advocate and liaison between the patient and specialists, including visiting respiratory specialists and palliative care services.

The respiratory nurse services are available to all patients who live in urban, rural and remote areas of the NT.

Psychosocial

Counselling

Counselling can be beneficial for anxiety, depression, issues regarding body image, sexuality and fertility issues.

The Cancer Council NT offers counselling services via Nurse Counsellors. Brief interventions include a single session with a clinical psychologist funded by the Cancer Council NT.

Psychological consults are also readily available at the Darwin Office of the Cancer Council NT.

In Alice Springs the Cancer Council NT can refer you to a psychology service, however there can be long waiting periods. Face-to-face and/or telephone counselling services can also be arranged.

You can phone the Cancer Council Helpline on, 13 11 20.

For further counselling, your local health professional can arrange a *Mental Health Plan* for you.

Symptom Management

Your medical team will offer you symptom management (including pain relief) as required. In some cases, you may be referred to palliative care for symptom management as palliative care specialises in this type of treatment.

Referral to palliative care for symptom management does not necessarily mean that your case is incurable. Palliative support and advice is available in many areas of the Territory, for more information on services please contact the following areas:

Top End

Building 58 (Menzies Building), Royal Darwin Hospital
PO Box 41326, Casuarina NT 0810

Phone: (08) 8922 6761

Fax: (08) 8922 6775

Central Australia

Flynn Drive Community Care Centre, Flynn Drive
PO Box 721, Alice Springs NT 08721

Phone: (08) 8951 6762

Fax: (08) 8951 6774

Web: www.health.nt.gov.au/Palliative_Care

Allied Health

You can ask your medical team or local health professional to refer you to your local hospital allied health departments or a private clinician for allied health services, such as:

- **Dieticians** provide information about nutritional needs, develop strategies to reduce diet-related side effects and enhance quality of life through nutrition.
- **Occupational therapists** work with you towards your goals. They can suggest different ways of managing symptoms including using equipment so you can do your daily tasks. They can help you achieve the best quality of life and be as safe, independent and comfortable as possible. Some occupational therapists can also assist with the treatment and management of lymphoedema.
- **Pastoral Care** offers support and comfort in times of need, help with problems or simply be a companion, listen and talk without giving unwanted advice or intrude into the life of any person. This is available to you, whether you have any religious affiliation or not.
- **Physiotherapists** assist people to maximise their physical capabilities and functional independence. This may include the provision of mobility aids where appropriate. They may also assist in pain management and lymphoedema intervention.
- **Social workers** provide support, counselling and help in organising practical assistance with regards to finance and accommodation.
- **Speech therapists** recommend strategies and exercises to assist with swallowing and speech difficulties that may be the side effects of radiation and/or chemotherapy.

Patient Assistance Travel Scheme (PATS)

If travel is required you may be eligible to access PATS. This Scheme assists NT residents to access a range of essential specialist medical or surgical services where services are not available locally or from a visiting service.

PATS provide assistance with travel and, where applicable, accommodation costs to NT residents who are required to travel more than 200kms to specialist medical treatment. PATS is a contribution scheme and does not cover all travel and accommodation costs.

Visit PATS online for more information or contact your Patient Travel Office at your local hospital:

Web: www.health.nt.gov.au

| | | |
|--------|------------------------|----------------------------------|
| Phone: | Royal Darwin Hospital | (08) 8922 8135 or (08) 8922 8134 |
| | Katherine Hospital | (08) 8973 9206 or (08) 8973 9213 |
| | Gove District Hospital | (08) 8987 0540 |
| | Alice Springs Hospital | (08) 8951 7846 or (08) 8951 7979 |
| | Tennant Creek Hospital | (08) 8962 4262 |

6 Other Useful Sources of Information on Trachea/Lung Cancer

The following websites and contact details have been provided for your information. The authors take no responsibility for the content of these websites.

For the General Public

Cancer Council NT

The Cancer Council NT is a non-government, charitable, community based organisation committed to raising funds for the purpose of reducing the impact of cancer. It achieves this by providing information and support for people affected by cancer. The Cancer Council NT is a member of The Cancer Council Australia. The website contains information sheets on various cancer types including screening processes and risk factors.

Web: www.cancercouncilnt.com.au

Email: admin@cancernt.org.au

Darwin

Casi House,
Unit 2 & 3/25 Vanderlin Drive, Wanguri

PO Box 42719
Casuarina NT 0811

Telephone: (08) 8927 4888
Fax: (08) 8927 4990

Alice Springs

Shop 3, Ground Floor
Anangu House, Bath Street

PO Box 9215
Alice Springs NT 0871

Telephone: (08) 8953 5920
Fax: (08) 8952 9189

Cancer Council Helpline

By calling the Cancer Council Helpline you can speak to caring and experienced people who understand what you need to know about your cancer and are familiar with resources available in the Northern Territory. The expertly trained nurse/health counsellors provide confidential information and support for people with cancer and their families and friends about:

- How to prevent cancer or detect it early
- Different types of cancer
- Diagnostic tests and cancer treatments
- Services available to people with cancer
- Emotional aspects of cancer

The Cancer Council Helpline does not provide medical advice or recommend a course of action, but the trained nurses and health counsellors can provide information to clarify medical terms, procedures and treatments.

Phone: 13 11 20

Local call cost from anywhere in Australia

Open: 9.00 am – 5.00 pm, Monday to Friday

Cancer Council Australia

Cancer Council Australia is Australia's peak national non-government cancer control organisation providing advice to the Australian Government and other bodies on practices and policies to help prevent, detect and treat cancer as well as advocating for the rights of cancer patients for best treatment and supportive care. The vision of the Cancer Council Australia is to *minimise the threat of cancer to Australians, through successful prevention, best treatment and support.*

The website contains fact sheets on various cancer types including lifestyle factors, early detection and diagnosis.

Web: www.cancer.org.au

CanNET NT

The aim of CanNET NT is to develop a network of cancer service providers to deliver streamlined cancer services across the Northern Territory. The project focuses on enhancing access to quality cancer services for all Territorians. Visit the website for updates on cancer services in the NT, including a directory of cancer specific services, patient pathways documents in five tumour streams and Indigenous resources in five Indigenous languages.

Phone: (08) 8999 2572

Web: www.health.nt.gov.au

Lungevity Website

Lungevity is for people who are fighting lung cancer and provides information, resources and an opportunity for those touched by lung cancer to share their experiences. The website contains information on lung cancer causes, symptoms and types; and typical diagnoses and treatments of lung cancer.

Web: www.lungevity.com.au

Quit Now Website (Australian Government)

The Quit Now website provides information on smoking statistics, smoking cessations, the harm smoking can do to your body and other information for health professionals.

Web: www.quitnow.info.au

Contact: Tobacco Action Project
Department of Health and Community Services
PO Box 40596
Casuarina NT 0811
Building 9, Royal Darwin Hospital Campus

Phone: (08) 8999 2661

Fax: (08) 8999 2420

Quitline

Quitline provides help, support and advice for people who wish to quit smoking.

Phone: 131 848

The Australian Lung Foundation

The role of The Australian Lung Foundation is to promote lung health; elevate public awareness of the symptoms of lung disease; promote early diagnosis; provide support for all those affected by lung disease; advocate for further research and screening into lung disease; and facilitate medical and scientific research into lung disease. The website contains information on lung health and lung disease including lung cancer and lung disease support groups.

Web: www.lungfoundation.com.au

Member and Support Groups

NT Breatheasy S.T.A.A.R.S. Inc.

NT Breatheasy S.T.A.A.R.S. Inc is a non profit support group for people with chronic lung disease such as emphysema, chronic obstructed pulmonary disease (COPD), silicosis, asbestosis, bronchiectasis and chronic asthma. NT Breatheasy S.T.A.A.R.S provides activities such as luncheons, BBQs and trips to enable people with the same conditions to meet, and to encourage people to be social and improve their quality of life.

Phone: (08) 8988 9235

Mail: PO Box 2330, Humpty Doo, N.T 0836.

Email: fossils60@bigpond.com

Cancer Council NT

The Cancer Council NT facilitates support groups for people at different stages of the cancer journey, offering a supportive environment to discuss relevant issues with people who can

offer support, advice and hope. Please contact the Cancer Council to discuss which group would meet your needs.

Phone: 131 120

Web: www.cancercouncilnt.com.au

Email: admin@cancernt.org.au

For Health Professionals

Medicare Australia items available for cancer treatment

A summary of Medicare Australia items available for cancer treatment is accessible from:

Web: www.canceraustralia.gov.au

National Health and Medical Council (NHMRC) Clinical Guidelines

Web: www.nhmrc.gov.au/publications/synopses/files/cp97.pdf

Clinical Practice Guidelines: for the prevention, diagnosis and management of lung cancer, 2004.

Reference number CP94

7

Glossary and Abbreviations

| Term | Abbreviation | Meaning |
|----------------------------|--------------|--|
| Alice Springs Hospital | ASH | |
| Biopsy | | Removal of a small amount of tissue from part of the body. Can be non-surgical eg using a needle to extract the tissue, usually for diagnostic purposes only; or surgical, where larger amounts of tissue are removed for treatment and diagnostic purposes. |
| Bronchoscopy | | Tissue sampling from the trachea, bronchi or lung to check for cancer. |
| Chemotherapy | | Use of anti-cancer drugs to stop the growth of cancer, either by killing the cancer cells or by stopping them from dividing. Chemotherapy drugs enter the bloodstream and can reach cancer cells throughout the body. The way the chemotherapy is given depends on the type and stage of the cancer being treated. Chemotherapy is used to kill cancer cells and prevent recurrence. |
| Computer Tomography | CT | A diagnostic technique used to produce cross-sectional images of the body. Very useful in the head, chest and abdomen regions. |
| Dysphagia | | Difficulties/pain associated with swallowing |
| Local health professional | | For the purpose of this document, your local health professional has been defined as the health professional with whom you seek initial medical advice such as a general practitioner, health worker, visiting medical officer, clinic nurse or Aboriginal Health Worker. |
| Magnetic Resonance Imaging | MRI | Diagnostic technique which uses magnetic signals to produce images of tissue in the body. Like all imaging techniques, MRI creates images by the differences between types of tissues. |
| Medistinoscopy | | Tissue sampling of the lymph nodes in the chest to check for cancer. |

| Term | Abbreviation | Meaning |
|------------------------------|--------------|---|
| Multi-disciplinary Team | MDT | Team of health professionals from various disciplines including clinical staff, eg surgeon and medical oncologist; and allied health professionals. The MDT aims to provide holistic, patient centred and best practice treatment planning. |
| Palliative Care | | Palliative care improves the quality of life of patients who face a life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life, and bereavement. <i>Definition from the World Health Organisation:</i> www.who.int/cancer/palliative/en/ |
| Positron Emission Tomography | PET | Diagnostic technique used to produce images of metabolically active disease (ie actively growing tumour). |
| Radiotherapy | | Use of a high-energy x-ray targeted/focused on where the cancer is located (sometime referred to as <i>localised therapy</i>). The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed. |
| Royal Darwin Hospital | RDH | |
| Staging of cancer | | A method of classifying the severity and spread of the cancer based on size of the tumour and spread of the cancer (if any). Accurate staging of a cancer is important to determine appropriate treatment and prognosis. |

CanNET is a Cancer Australia initiative. CanNET NT is jointly funded by the Australian Government and the Department of Health and Families.