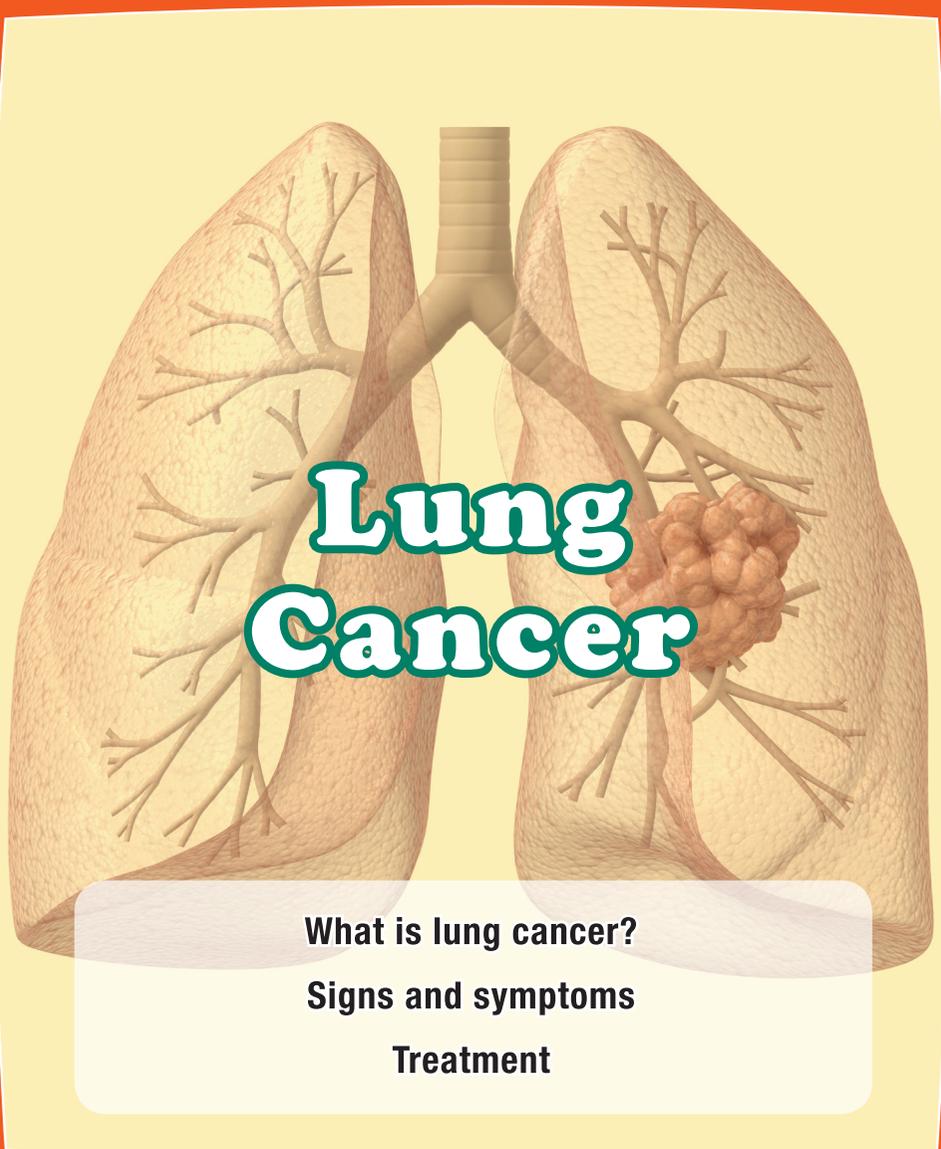


Inspired by Hope
Committed to Care



National Cancer
Centre Singapore

SingHealth

An anatomical illustration of the human respiratory system, showing the trachea and bronchial tree leading to two lungs. A large, irregular, reddish-brown mass representing a lung tumor is visible on the right lung. The text 'Lung Cancer' is overlaid in the center of the lungs.

Lung Cancer

What is lung cancer?

Signs and symptoms

Treatment

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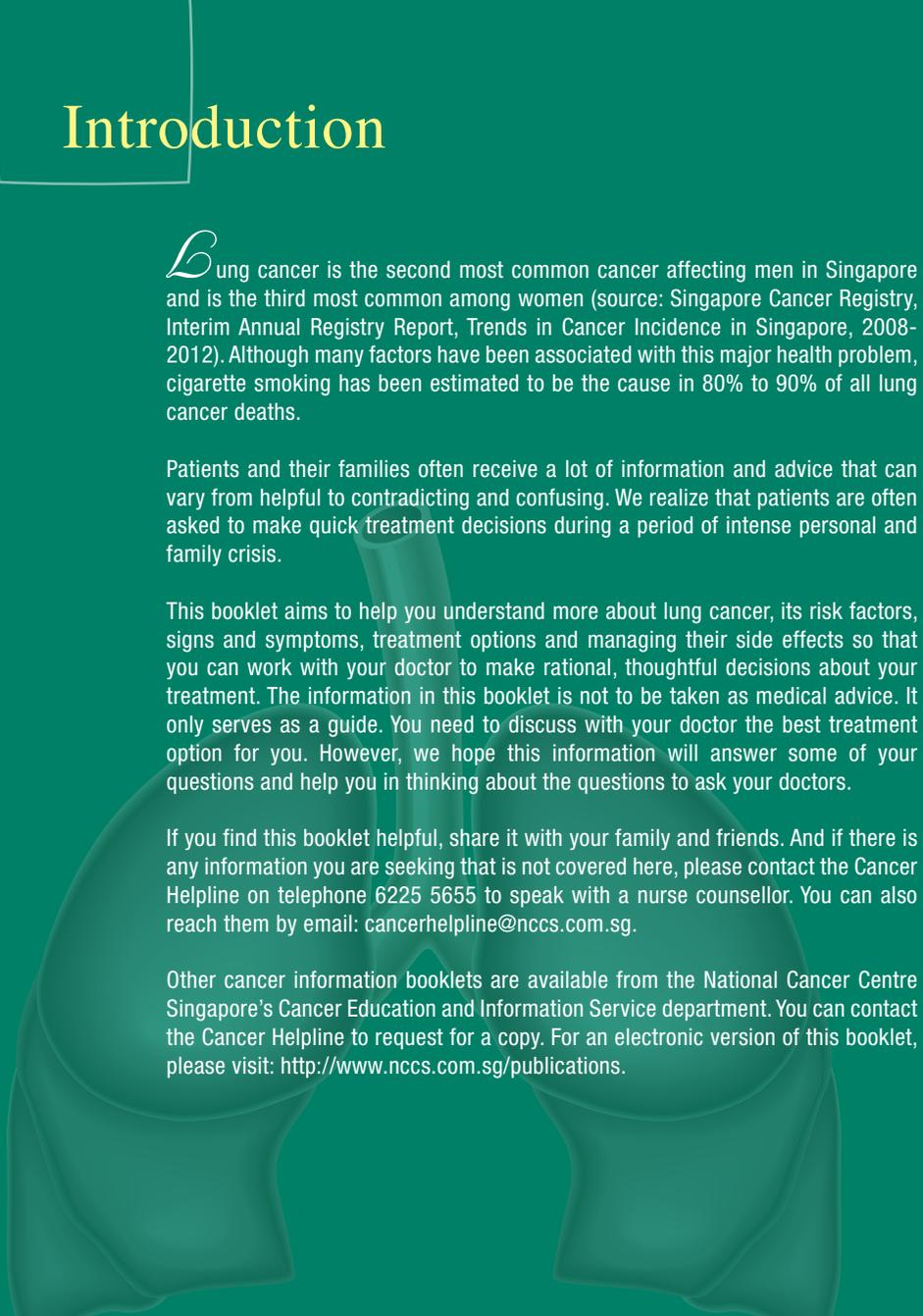
Disclaimer

The National Cancer Centre Singapore does not endorse or promote the use of any product mentioned in this booklet. The information is presented in a summary to provide an understanding and knowledge only. It does not recommend the self-management of health problems or replace consultation with your doctor. You should never disregard medical advice or delay seeking it because of something you have read here.

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Introduction

Lung cancer is the second most common cancer affecting men in Singapore and is the third most common among women (source: Singapore Cancer Registry, Interim Annual Registry Report, Trends in Cancer Incidence in Singapore, 2008-2012). Although many factors have been associated with this major health problem, cigarette smoking has been estimated to be the cause in 80% to 90% of all lung cancer deaths.

Patients and their families often receive a lot of information and advice that can vary from helpful to contradicting and confusing. We realize that patients are often asked to make quick treatment decisions during a period of intense personal and family crisis.

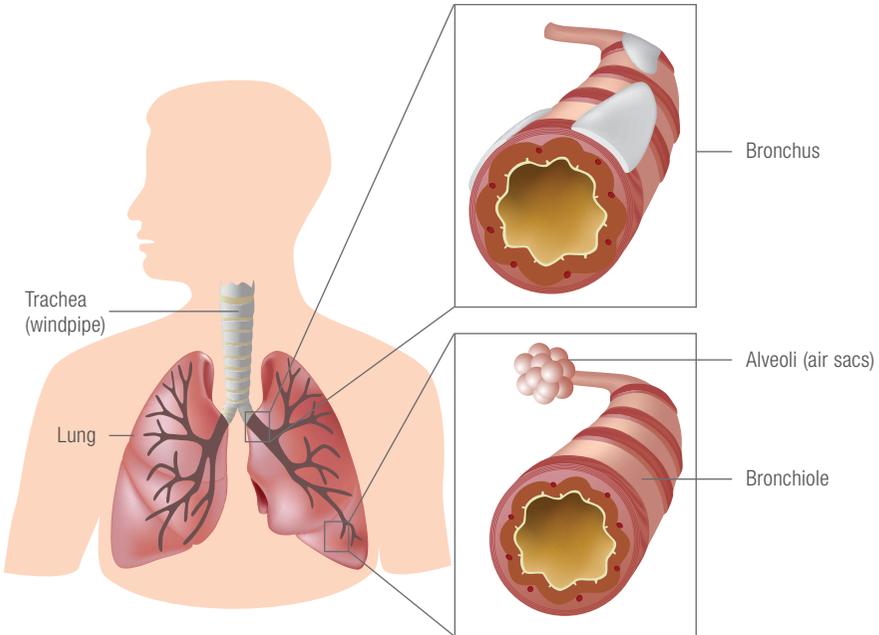
This booklet aims to help you understand more about lung cancer, its risk factors, signs and symptoms, treatment options and managing their side effects so that you can work with your doctor to make rational, thoughtful decisions about your treatment. The information in this booklet is not to be taken as medical advice. It only serves as a guide. You need to discuss with your doctor the best treatment option for you. However, we hope this information will answer some of your questions and help you in thinking about the questions to ask your doctors.

If you find this booklet helpful, share it with your family and friends. And if there is any information you are seeking that is not covered here, please contact the Cancer Helpline on telephone 6225 5655 to speak with a nurse counsellor. You can also reach them by email: cancerhelpline@nccs.com.sg.

Other cancer information booklets are available from the National Cancer Centre Singapore's Cancer Education and Information Service department. You can contact the Cancer Helpline to request for a copy. For an electronic version of this booklet, please visit: <http://www.nccs.com.sg/publications>.

THE LUNGS

The lungs are located in the chest cavity, which is also known as thorax. It is enclosed by your ribs, just below your neck and shoulders. Its floor is the diaphragm, a wide thin dome of muscle a little above your waist. Below the diaphragm is the abdomen. There are two lungs, one on each side of the thoracic cavity. They are cone-shaped, and are made up of sections or lobes. The left lung has two lobes while the right has three. Between the lungs is the mediastinum, an area that contains many glands called lymph nodes, the trachea (windpipe), the esophagus (the tube that carries food from the mouth to the stomach), the heart and large blood vessels.



When we inhale, air enters through the nose or mouth, into the throat and down the trachea into the chest. The trachea branches into two bronchi, one going to each lung. Inside the lungs, the bronchi branch further into thousands of tiny tubes known as bronchioles. Each bronchiole ends with tiny, bubble-like air sacs. It is these air sacs or alveoli that make the lung spongy.

Blood flows between the thin walls of adjacent air sacs. In the process, oxygen is absorbed into the blood and carbon dioxide - a waste product from the body- is expelled from the blood into the air when we breathe out. Surrounding the lungs is a double layer of thin membrane called pleura. Pleura contains a small amount of serous fluid. The inner layer of the pleura is closely associated with the lung and the outer layer, the thoracic cavity. Between the two layers is the pleural cavity.

WHAT IS LUNG CANCER?

Lung cancer is the second most common type of cancer in men and the third most common cancer in women. According to the Singapore Cancer Registry Interim Annual Report, between 2008 to 2012, about 8733 people in Singapore were diagnosed with lung cancer. The risk of lung cancer in a smoker is 15 to 25 times more than that of a non-smoker. Lung cancer usually begins in the cells that line the air passages. A cancer that arises in these cells is called carcinoma. Lung cancers are classified according to the type of cell affected. There are two main types: small cell carcinoma and non-small cell carcinoma.

Small cell carcinoma is also known as oat cell carcinoma because of the shape of the cell. It accounts for about 15% of lung cancers. This type of lung cancer is strongly associated with cigarette smoking. Unfortunately, it spreads early and causes few initial symptoms. As a result, by the time of diagnosis, the cancer has already spread (metastasized).

Non-small cell carcinoma includes squamous cell carcinoma, adenocarcinoma, large cell carcinoma, bronchiolo-alveolar cell carcinoma.

These carcinomas affect the cells that line the main bronchi. As these tumours enlarge, they can spread into the chest wall and local lymph nodes. Squamous cell carcinoma has a lower rate of metastasis (spread to other parts of the body) than other types of lung cancer and when detected early, it can be treated.

Mesothelioma is not, strictly speaking, a lung cancer. It is a rare cancer of the pleural membranes on the surface of the lungs and is strongly related to asbestos exposure.

WHAT CAUSES LUNG CANCER?

Cigarette Smoking is the main cause of lung cancer. It is responsible for between 80% to 90% of deaths related to lung cancer.

Pipe and cigar smoking - The risk of lung cancer is also increased in pipes and cigars smokers but less than those who smoke cigarettes.

Industrial Hazards - Exposure to certain workplace chemical and minerals in the workplace increases the risk of lung cancer (eg. asbestos, coal gas, chromates, nickel, arsenic, vinyl chloride, mustard gas, radon by products of uranium, mining processing). Asbestos workers who also smoke have an increased risk of developing lung cancer by 60 times.

Passive Smoking - Non-smoking people who inhale cigarette smoke from a nearby smoker face a 35% risk of developing lung cancer.

HOW CAN LUNG CANCER BE PREVENTED?

As smoking is the main cause of lung cancer, the best way to minimize the risk of developing lung cancer will be to dissociate from smoking.

Primary Prevention

An individual is advised not to smoke or to stop smoking almost immediately if started.

Secondary Prevention

For individuals who have smoked over a significant period of time, they are advised to quit the habit. However, the risk of developing lung cancer will still persist for many years.

Antioxidants and natural vitamins have been found to reverse the pre-malignant changes that may have occurred in the airways. However, studies in this area have been inconclusive.

SIGNS & SYMPTOMS OF LUNG CANCER

- Persistent cough and shortness of breath
- Blood in the sputum
- Chest pain (This may occur in association with a chronic cough)
- Recurrent chest infection, fever and weight loss

HOW IS LUNG CANCER DIAGNOSED?

History Taking & Physical Examination

The doctor will first ask you about your past and current health status, smoking and occupational history. A physical examination is then performed and a series of tests may subsequently be recommended.

Chest X-ray (CXR)

A chest x-ray can identify tumours as small as one centimeter in diameter. Occasionally, a lung cancer is found on a chest x-ray that has previously been taken for other conditions.

Sputum Cytology

This is a simple test where sputum is collected and checked under a microscope for abnormal cells. It is not a sensitive test and if it is negative and there is strong suspicion of lung cancer, other further tests may still be required.

Bronchoscopy

A flexible fibre optic tube with a light source at the tip is passed through the nose or mouth and down the trachea. This allows the doctors to look at the lungs and take tissue samples, if necessary. Before the procedure, a light sedative and local anaesthetic spray are administered to the back of the throat. This procedure can be uncomfortable but not painful.

Fine-Needle Aspiration (FNA)

This procedure is done if there is a suspicious-looking lump (tumour) that cannot be sampled during bronchoscopy but can be reached by inserting a needle into the tumour. A local anaesthetic is given before the procedure. Guided by x-ray pictures, the needle is inserted through the chest wall into the tumour to remove some tissues for testing.

Another procedure called thoracentesis also involves using a fine needle. Instead of going into the tumour, fluid from the pleural space is collected and sampled to check for cancer cells.

Mediastinoscopy

This procedure is almost similar to a bronchoscopy but the scope is inserted through an incision in the neck. It enables the doctor to check if the lymph nodes in the centre of the chest are affected by cancer. This is a minor surgical procedure done under general anaesthesia.

Video-Assisted Thoracoscopic Surgery (VATS)

This procedure uses a small video camera as a guide for the doctor to take tissue samples from the chest cavity. An instrument called thoracoscope is inserted into the chest cavity through 2 to 3 small incisions in the skin - one for the camera and two for the surgical instruments. This procedure is done under general anaesthesia where 2 to 3 days of hospitalisation is required.

Computerized Tomography Scan (CT Scan)

CT stands for computerized tomography. This is a type of scan where x-ray beams are rotated around the body to produce a series of x-rays photographed from different angles. A computer then produces a complete picture or a cross-section of that part of the body and processes the information.

Bone Scan

In this procedure, the patient receives a small amount of radioactive material through an injection. The injection itself is the only discomfort during the entire scanning procedure. The low level of radiation does not cause any side effects. The aim of this procedure is to detect if any cancer has spread from the lung to the bones.

PET Scan

Positron Emission Tomography involves the injection of radioactive glucose solution into the body. The cancer cells tend to show up as a bright spot and this test can be used to ascertain whether or not the lymph nodes in the middle of the chest or other organs are affected.



TREATMENT

Surgery, radiotherapy and chemotherapy are the three main methods of cancer treatment. The choice of treatment will depend on where the cancer is, the type of lung cancer, its size, extent of the disease and the general health of the patient.

Surgery

Surgery is considered the standard treatment for stage 1 and stage 2 of non-small cell lung cancer. The most common surgery for primary lung cancer is lobectomy which involves the removal of the affected part of the lung. It is a safe 2 to 3 hours operation requiring a hospital stay of about 5 to 6 days.

Pneumonectomy

Pneumonectomy is occasionally used when the tumour involves the proximal bronchus and where lobectomy alone cannot completely remove the tumour. The other types of surgery are segmental resection (part of a lobe of the lung is removed) and wedge resection (removal of the small area of disease without removing the bronchovascular segment of the lobe). These are not considered standard operations except in some circumstances or in some patients with compromised lung function.

Chemotherapy

Chemotherapy involves the use of anti-cancer (cytotoxic) drugs. The aim is to kill cancer cells with the least possible damage to normal cells. The drugs work by stopping the cancer cells from dividing and multiplying.

For patients with Small Cell Lung Cancer (SCLC), chemotherapy may be given alone or concurrently with radiotherapy for limited stage cancer if the patient is fit for concurrent treatment. Occasionally, prophylactic cranial irradiation may also be offered if the patient with limited stage disease achieved complete radiological resolution of SCLC.

For Non-Small Cell Lung Cancer (NSCLC), chemotherapy is given as primary chemotherapy for disseminated cancer or combined with radiotherapy for locally advanced disease. Occasionally, surgery may be the third modality after achieving a good response with chemotherapy and/or radiotherapy. Chemotherapy can also be used to palliate symptoms of cancer that has spread to other organs. This treatment is given over 4 to 6 months. Some drugs in chemotherapy can cause side effects such as nausea or vomiting, hair loss, lethargy and/or tiredness. These side effects are temporary and steps can be taken to prevent or reduce them.



Radiotherapy

Radiotherapy is the practice of using high-energy X-rays to kill cancer cells while minimising damage to the normal cells nearby. Depending on the stage of the cancer, it may be used in an attempt to cure the patient (for early stage) or at least to shrink the tumour (for advanced stage). It may also be used to help relieve or prevent pain, haemoptysis (blood in the sputum) or breathlessness. Treatment is often done in conjunction with chemotherapy.

Before starting radiotherapy, some preparation and planning needs to be done. A few days before the actual treatment, the patient may need to go for a procedure called “simulation”, when the tumour or area of treatment is identified with the aid of CT scans or rays. The radiation therapist will then make a few tiny permanent dots on the skin (tattoos); these are important to ensure the accuracy of the subsequent daily treatments. After the simulation, the treatment area is planned and once finalised, will commence treatment on the next (usually 2nd or 3rd) appointment.

The duration of radiotherapy treatment ranges from 1 week to 7 weeks. It is usually done daily (Mondays to Fridays), 5 times a week, as outpatient. The exact radiation dose or duration of treatment is determined by the radiation oncologist (radiotherapy specialist); his or her decision is based on various factors, including the patient’s age, health status, stage of the cancer and aim of treatment.

The side effects of radiotherapy may also vary from person to person. Common side effects include cough, skin redness and itch, and swallowing discomfort. These effects are temporary and are usually manageable with creams and medications.

Palliative Treatment

The primary aim of palliative treatment is to relieve distressing symptoms of the illness, especially pain. It is particularly important for patients with advanced cancer. Treatment includes the use of painkillers (oral or injection) or other medications and other measures such as chemotherapy and radiotherapy.

COPING WITH BREATHLESSNESS

Breathlessness most commonly occurs when the lungs are affected by cancer. It may also be due to side effects of radiotherapy or chemotherapy. Breathlessness can also be caused by other medical conditions, such as anaemia or a chest infection.

It can be a frightening and distressing symptom to live with and can affect all aspects of your life. Besides making it difficult to carry out your daily physical activities, it can also affect how you feel about yourself and the relationships you have with others. Difficulty in breathing can cause feelings of anxiety and panic that can be difficult to control and, in turn, can actually make your breathing worse.

Cause of Breathlessness

As there can be many causes of breathlessness, it is important that the cause is identified so that the most appropriate treatment can be given. If breathlessness is due to cancer in the lung, treatments such as chemotherapy and radiotherapy can be helpful in reducing the size of the tumour and the symptoms it causes. Sometimes breathlessness may be due to pleural effusion. A pleural effusion occurs when cancer cells spread to the membranes around the lungs (the pleura). The cancer cells can cause irritation to the pleura, which causes fluid to build up between the pleural membranes outside of the lungs. The fluid then presses on the lungs.

Treatment of a pleural effusion usually involves draining the fluid away, through a small tube inserted between the pleural membranes.

If anaemia is the cause of the breathlessness, a blood transfusion may relieve it.

Coping Strategies

- Sit down when washing, dressing or preparing food.
- Do Not hold your breath when dressing and undressing.
- Avoid bending down. Make use of equipment and aids such as grip bars or walking frames.
- Keep items that you use often within easy reach around your home.
- Wear clothing that are loose around your waist and chest.
- Increase the flow of air around you by opening windows or use a fan.
- Avoid having baths that are too hot, and avoid using a shower on your face.
- Pace activities throughout the day to conserve energy. Plan your activities to balance up with your periods of rest.
- When climbing stairs or a slope, breathe in on one step and breath out on the next step then wait a moment and repeat.
- Have a massage to the head and shoulders, using relaxing aromatherapy oils such as lavender or peppermint.
- When speaking, pause after each sentence.
- During sexual intercourse, it may be easier if you are aware of activities or positions that are less likely to make you feel breathless.
- Consider using a wheelchair for long distances.

Make relaxation part of your daily routine. Listen to soothing music or learn relaxation techniques. Resources on relaxation are available from the Health Information Centre at the Health Promotion Board. Tel: 6435 3954.

FOLLOW UP AND SURVEILLANCE

You will be given regular appointments for review. It is a good time to ask questions regarding your condition as most of the test results are ready. Discuss with your doctor about your treatment. You will be required to go for blood tests and X-ray at regular intervals. Surveillance is life-long in most cases.

MAKING DECISIONS

When a person is diagnosed with cancer, life changes and these changes can be difficult to handle. Relationships can be strained. Patients and their family members may become depressed. These are normal reactions for people dealing with changes in their lives. Give yourself time to think about your treatment options.

It helps to plan the best treatment for the patient. At National Cancer Centre Singapore, a panel of cancer specialists carries out Tumour Board discussions on difficult cases. This explains why for some complex cases, treatment recommendations may vary from those of private doctors, surgeons or oncologists.

Discuss your concerns with your doctor, nurses, family and friends, the social worker or speak with the nurse counsellors at the Cancer Helpline on Tel: 6225 5655. Talking things over can help you to work out the course of action that is right for you.



QUESTIONS YOU CAN ASK YOUR DOCTOR

You may find the following list of questions helpful when thinking about what to ask your doctor.

About your illness

1. What type of cancer do I have?
2. What is the stage of my cancer?
3. Is my type of cancer hereditary?

About tests

1. What are these tests for?
2. What will these investigations involve?
3. What are the risks for doing this test?
4. Will the results of this test make any difference to the treatment you provide?
5. How much will these tests cost?

About treatment

1. What are the treatments available for my type of cancer?
2. What treatment would you recommend and why?
3. What is the aim of the treatment?
 - Is it for a cure?
 - Is it for temporary control?
 - Is it to reduce symptoms?
4. What are the benefits of this treatment?
5. What are the possible side effects of this treatment?
6. Can these be prevented or controlled?
7. Are the side effects temporary or permanent?
8. How long is the treatment?
9. How does the treatment work and how is it given?
10. Can I take any herbal medicine or supplements during my treatment?
11. What will happen if I choose not to have any treatment?
12. Can I go back to work while I am on treatment?
13. Will I receive treatment as an outpatient or be admitted to the hospital?
14. What difference will this treatment make to my quality of life, e.g. work, social, physical and sexual activity?

About follow-up

1. How often must I come back for a doctor's check-up?
2. Whom should I contact if I want to change my appointments?

If you have other questions, you may want to add on to the list. Feel comfortable to ask the doctor to explain the answers to you again if you do not understand them. It is also useful to write down the points you have discussed to act as a reference and reminder when you need them.



SUPPORTIVE CARE

Recovery and follow-up are different for each person and will depend on the treatment you have received. Supportive care helps people and their families to cope with cancer and its treatment and to continue with their lives as normally as possible. It should begin from the moment cancer is suspected, through diagnosis and treatment, and for as long afterwards as is necessary. It takes time to recover. There are physical and emotional changes to cope with, may be in your appearance, your speech or what you can do.

Your family and friends may need as much support and guidance in coping with their feelings as you do. There is no right or wrong way to feel and you do not need to struggle with your illness alone. Coping or overcoming cancer is easier for both the patient and family when there are helpful information and support services. Here are some support services you may wish to consider contacting if you need them.

Medical Social Services

The Medical Social Service Department at the hospital provides quality patient care which would enhance emotional support, financial aid, home care, transportation or rehabilitation. You will need a doctor's referral to the medical social worker.

Cancer Support Groups

Cancer support groups offer mutual support and information to people with cancer and their families. It helps to talk with others who have gone through the same experience. Support groups can also offer many practical suggestions and ways of coping. You may like to join a support group either now or at some time in the future.

You can check with your doctor, nurse or social worker whether your treating hospital has a cancer support group. You can also contact the Cancer Helpline on telephone 6225 5655 or email cancerhelpline@nccs.com.sg for information on support groups.



Cancer Helpline

Everyone has different needs when it comes to cancer. You may want to talk to someone about what you are going through. The Cancer Helpline at the National Cancer Centre Singapore provides a listening ear. Their aim is to help you through the cancer experience. Trained nurse counsellors operate this service. They provide information, emotional and psychological support, counselling and linkage to health, welfare and cancer support services for people affected by cancer.

Each contact with the nurse counsellor is private, confidential and anonymous. They do not give medical advice and treatment recommendations but can assist in clarifying your doubts and putting into perspective the information you may have received from your own treating doctor. There are some things only your doctor can tell you as he or she knows your condition best. However, the nurse counsellors can discuss with you issues on coping with your condition and help you find ways to manage your daily activities the best way possible. To speak to the nurse counsellors, please call: 6225 5655.

Look Good Feel Better (LGFB)

This free program is specially developed to teach women how to restore their appearance and self-image when they experience the side effects of cancer treatment. The participants learn beauty techniques in skin care, make-up and hair care in a 3-hour hands-on class using actual products. Demonstrations of the use of wigs, hats, turbans and scarf tying techniques are also included. Participants will take home a complimentary kit of cosmetics. LGFB is supported by a reputable cosmetics company and is coordinated by the Singapore Cancer Society. Sessions are held on a regular basis. However, enrollment for each session is limited and reservations must be made with participating hospitals or organisations listed below. These hospitals take turns to conduct the programme. Patients who are interested will have to call the respective hospital or organisation to enquire about the programme schedule.

Changi General Hospital: 6850 3655 / 6850 3656

Gleneagles Hospital & Mt. Elizabeth Hospital Orchard (Parkway Cancer Centre): 6738 9333

KK Women's and Children's Hospital (Breast Centre): 6394 8074

Raffles Hospital (Raffles Cancer Centre): 6311 2300

Singapore Cancer Society (Bishan): 6499 9133

National Cancer Centre Singapore: 6436 8643 / 6225 5655

National University Hospital (National University Cancer Institute, Singapore): 9722 0569

FOLLOW-UP CARE

Follow-up checks always cause anxiety. This can make it difficult to put the experience of cancer behind you. However, regular follow-up with your doctor is necessary and very important in monitoring your recovery. These check-ups may include x-rays, blood tests and other physical examinations. If you have any concerns or suspicions about your health in between follow-up care, make an earlier appointment to see your doctor.

When should you call the doctor?

After treatment, you are likely to be more aware of your body and the slight changes in how you feel from day to day. If you have any of the problems listed below, tell your doctor at once.

1. Pain that does not go away, especially if it is always in the same place
2. Lumps, bumps or swelling
3. Nausea, vomiting, diarrhoea, loss of appetite, or difficulty swallowing
4. Unexplained weight loss
5. Fever or cough that does not go away
6. Rashes, bruises, or bleeding
7. Any other signs as mentioned by your doctor or nurse

What the future holds

Treatment side effects last for a few months even after you have completed the treatment. When the body cells have recovered, the discomfort will be reduced.

Eating a well balanced diet and keeping a healthy lifestyle will enable you to keep in good general health. Perform activities and exercises within your own limits and do not over exert yourself. You can also return to work if you and your doctor feel that you are well enough to do so. Some people prefer to continue working during treatment while some defer returning to work until after they have completed all treatments.



TREATMENT AND SUPPORT UNITS AT NCCS

Department of Radiation Oncology (Basement 2)

- For enquiries : 6436 8058
- For appointments : 6436 8181

Department of Radiation Oncology (Block 2, Basement 1, SGH)

- For enquiries : 6321 4210 / 6326 5147
- For appointments : 6321 4211

Ambulatory Treatment Unit (ATU) (Level 3)

- Jasmine Suite : 6436 8134
- Morning Glory Suite : 6436 8160
- Reception Counter : 6436 8100
- Appointment Scheduling Unit : 6436 8088
- General Enquiries : 6436 8000
- Dept of Psychosocial Oncology : 6436 8126
- Outpatient Pharmacy Helpdesk : 6436 8091
- Cancer Helpline : 6225 5655



PAIN MANAGEMENT AND PALLIATIVE CARE

Assisi Hospice
820 Thomson Road
Singapore 574623
Tel: 6347 6446
Fax: 6253 5312
Email: assisi@assisihospice.org.sg
Website: www.assisihospice.org

Agape Methodist Hospice
70 Baker Road
#05-03
Singapore 309936
Tel: 6478 4766
Fax: 6478 4765
Email: admin@amh.mws.org.sg
Website: www.mws.org.sg

Bright Vision Hospital
5 Lorong Napiri
Singapore 547530
Tel: 6248 5755
Fax: 6881 3872
Email: enquiries@bvh.org.sg
Website: www.bvh.org.sg

Dover Park Hospice
10 Jalan Tan Tock Seng
Singapore 308436
Tel: 6500 7272
Fax: 6258 9007
Email: info@doverpark.org.sg
Website: www.doverpark.org.sg

HCA Hospice Care
12 Jalan Tan Tock Seng
Singapore 308437
Tel: 6251 2561
Fax: 6352 2030 (Home Care)
Email:
info@hcahospicecare.org.sg (General Enquiries)
homecare@hcahospicecare.org.sg (Home Care Service)
daycare@hcahospicecare.org.sg (Day Care Centre)
volunteer@hcahospicecare.org.sg (Volunteers)
socialworker@hcahospicecare.org.sg (Social Worker)
Website: www.hca.org.sg

Metta Hospice Care
32 Simei Street 1
Metta Building (Level 5)
Singapore 529950
Tel: 6580 4695
Fax: 6787 7542
Email: hospice@metta.org.sg
Website: www.metta.org.sg

Singapore Cancer Society
15 Enggor Street, #04-01 to 04, Realty Centre
Singapore 079716
Tel: 6221 9578
6421 5832 (Hospice Home Care)
Fax: 6221 9575
Email: enquiry@singaporecancersociety.org.sg
Website: www.singaporecancersociety.org.sg

Singapore Cancer Society Multi-Service Centre
9 Bishan Place
Junction 8 Office Tower #06-05
Singapore 579837
Tel: 6499 9133
Fax: 6499 9140
Email: enquiry@singaporecancersociety.org.sg
Website: www.singaporecancersociety.org.sg

St Joseph's Home & Hospice
921 Jurong Road
Singapore 649694
Tel: 6268 0482
Fax: 6268 4787
E-mail: stjoseph@stjih.org.sg
Website: www.stjih.org.sg

INTERNET RESOURCES

National Cancer Centre Singapore (NCCS)

www.nccs.com.sg

American Cancer Society

www.cancer.org

American Lung Association

www.lung.org

Cancer Care, Inc.

www.cancer.org

National Cancer Institute: Comprehensive Cancer Information

www.cancer.gov

CancerNet

www.cancer.net

SUPPORT IS AVAILABLE, QUIT SMOKING TODAY!

Smoke-free living - Health Promotion Board

www.hpb.gov.sg

Smokefree.gov

www.smokefree.gov



For more information on cancer, please call the
Cancer Helpline at Tel: 6225 5655
or email cancerhelpline@nccs.com.sg

MONDAYS - FRIDAYS : 8.30am to 5.30pm

SATURDAYS, SUNDAYS : CLOSED
& PUBLIC HOLIDAYS

THIS IS A PUBLIC EDUCATION INITIATIVE BY:

Cancer Education & Information Service

Division of Community Outreach & Philanthropy

National Cancer Centre Singapore

11 Hospital Drive

Singapore 169610

Tel: 6225 5655 Fax: 6324 5664

Website: www.nccs.com.sg

