June's Journey
A STORY ABOUT LUNG CANCER
Foreword

Welcome to our fourth annual Celebration of Life; an event that allows us to recognize and honour all those who have been diagnosed with lung cancer. Each person’s experience with this disease is very much their own; from the initial symptoms to diagnosis to treatment. However, June’s Journey is likely to conjure some shared emotions. Mr. Bev McQuain has generously offered to provide his inspiring comic illustrations to accompany our clinical guidance in an educational book called June’s Journey: A Story About Lung Cancer. It is a heartfelt tale inspired on the real life journey of June McQuain, the illustrator’s wife and a “graduate” of the Lung Diagnostic Assessment Program (LDAP). This year we are also celebrating with our patients who have been diagnosed with esophageal cancer and received care as part of the Esophageal Diagnostic Assessment Program (EDAP).

It is our hope that June’s Journey will offer comfort and inspiration to future LDAP patients as they embark on this often difficult journey.

One of the key purposes of the LDAP and EDAP Programs is to ease the confusion and lessen the fear associated with a cancer diagnosis. Our physicians, surgeons and health care providers from St. Joseph's Healthcare Hamilton, Niagara Health System, Juravinski Cancer Centre and Brantford General Hospital all strive to do that by providing coordinated, compassionate state-of-the-art care to our patients. Their dedication and commitment to this purpose makes LDAP and EDAP much more than a program; LDAP and EDAP are teams, and we are proud to work alongside these professionals.

As we gather for this highly anticipated celebration, we would like to express my gratitude to our patients and their families. It’s your courage and strength that motivates us every day.

Sincerely,

Dr. Yaron Shargall     Jacqueline Barrett
Head of Thoracic Surgery    Director Firestone Ambulatory Clinic and St. Joseph's Healthcare Hamilton & McMaster University Lung Diagnostic Program Regional Lead

St. Joseph's Healthcare Hamilton

What is Lung Cancer?

Lung cancer is the development and growth of abnormal cells within one or both lungs. Most often the impacted cells line the air passages. But instead of forming healthy lung tissue, these cells form tumours that can hinder the lung from providing the bloodstream with oxygen. Some tumours grow in one place and won’t spread. They are known as “benign” and are not cancerous. However, tumours that can spread to other parts of the body or metastasize are referred to as “malignant.” This form of tumour is cancer. Smoking is related to more than 85% of lung cancer cases in Canada.*

* Cancer Care Ontario
A lung biopsy removes a small piece of lung tissue to allow a pathologist to make a diagnosis. Depending on the nature and the position of the area of concern, Lung biopsy can be performed using bronchoscopy, image guided needle biopsy or open lung biopsy. Lung biopsy is performed to diagnose various conditions such as sarcoidosis, severe pneumonia, pulmonary fibrosis and lung cancer.

During an image guided needle biopsy, a radiologist will freeze the skin and then will insert a long thin needle through the chest wall to remove a sample of lung tissue. Usually a CT scanner is used to guide the needle but ultrasound or X-ray may also be used to guide the needle. These are safe procedures that take less than 30 minutes to perform. Generally speaking the patient is discharged after two hours of observation after the procedure.
As part of the evaluation for your lung nodule or cancer your doctor may require a special test called mediastinoscopy. Mediastinoscopy is a small surgery that is performed under general anesthesia that allows the surgeon to biopsy the lymph nodes around the windpipe. The doctors may need biopsies of these lymph nodes to determine the best treatment plan for you.

Mediastinoscopy requires a small incision above the breast bone at the collar line through which the surgeon will place a small camera behind the breast bone. The procedure is brief, lasting approximately 30 minutes. It is a very safe procedure, however it does involve careful work to biopsy lymph nodes around important structures such as blood vessels and the nerves leading to your voice box. Mediastinoscopy is sometimes done as a sole procedure, or sometimes in combination with a lung operation. If the mediastinoscopy is done as a sole procedure, the majority of patients will go home the same day. It is not a very painful procedure and often patients need no or very little pain medication at home.

While you may never meet your pathologist, this physician is an important part of your healthcare team. Pathologists are physicians who specialize in the nature and cause of diseases. A pathologist will examine tissue from a patient’s lung biopsy to diagnose whether someone has cancer, and if they do, what type of cancer. Sometimes he may do special tests to determine a specific marker which helps to identify the most appropriate treatment for certain forms of the cancer.
Lung cancer is most often found on X-Rays or CT scans. Once an abnormal area is detected the next step is to obtain a tissue sample or biopsy (see Pathologist). Once lung cancer is diagnosed the next step is to examine whether there is any spread of the disease from where it started – this step is termed staging, and involves various scans: magnetic resonance imaging (MRI), PET and bone scans. Your respirologist will review test results with you, help define a customised treatment plan with your surgeon and direct your care with the help of the LDAP staff, who coordinate all of your tests and treatment plan.

Patients often feel shocked and overwhelmed. There are elements of confusion, fear and uncertainty. Most patients want to know what is the next step. We in the LDAP clinic do our best to answer all the questions the patient and their family members have and guide them through this difficult journey. At the LDAP clinic, we’re available any time via telephone to help ease any fears, anxiety or uncertainty patients may be experiencing.
Chemotherapy is a generic term for medications that are used to fight cancer. A medical oncologist chooses the best chemotherapy option for a patient based on: (1) the type of cancer, (2) the stage of the cancer, (3) what medical problems the patient has, and (4) how well the patient is functioning. Chemotherapy for lung cancer has made significant progress in the last 10 years with improved activity against the cancer and better tolerability.

Treatment

What is chemotherapy?
Dr. Rosalyn Juergens
Oncologist

Chemotherapy is a generic term for medications that are used to fight cancer. A medical oncologist chooses the best chemotherapy option for a patient based on: (1) the type of cancer, (2) the stage of the cancer, (3) what medical problems the patient has, and (4) how well the patient is functioning. Chemotherapy for lung cancer has made significant progress in the last 10 years with improved activity against the cancer and better tolerability.

What is radiation?
Dr. Theo Tsakiridis
Radiation Oncologist

Radiation therapy is a local, non-invasive, therapy that is used widely to eliminate tumours. It consists of very high energy X-rays that are targeted to lung tumours with high precision. Modern radiotherapy is being planned and delivered with highly sophisticated computers and radiotherapy systems, which target tumours with effective radiation and limit treatment of normal tissues. Radiotherapy can eliminate small peripheral lung tumours on its own in four to eight sessions but advanced lung cancers require combined treatment with chemotherapy for a period of six weeks.

You will not experience any discomfort at the time of radiotherapy but, as all cancer therapies, this treatment does have some longer term side effects. Your radiotherapy team will help you understand all steps of the treatment, follow you closely throughout your treatment period, and will assist in controlling any side effects of radiotherapy. You will receive a separate booklet with information on preparation for radiotherapy, details on daily treatments and expected benefits and side effects.
As caregiver, many extra chores will undoubtedly be added to your daily schedule. It is up to you to find a way to perform those tasks without laying a guilt trip upon the patient. You will not experience the discomfort of the side effects of the treatment, but you will share the fears and frustration of the journey. You will require the patience to persevere, and the strength to coach even when coaching is rejected. Through it all you can count on the solid support of every single member of your medical team.

I was horrified to learn that losing my hair was a side effect of chemotherapy. My medical team directed me to the free wig service where I found a wig that was both comfortable and flattering. Personnel were most helpful.

How will my home life change?

Mr. Bev McQuain
Husband of a lung cancer patient and comic illustrator

How will my appearance change?

June McQuain
Lung cancer patient and comic illustrator’s wife

My family likes my wig so much that they want me to style my own hair the same when it grows back. I’m happy to say it is in the growing process now!
You will need to visit the Pre-Admission Assessment Clinic one to two weeks before your surgery. The staff here will help you prepare for surgery at the hospital. The nurse will review what your needs are before and after surgery. The nurse will check your blood pressure, heartbeat, breathing and weight. He or she will review what to bring the day of surgery and what you will need to know before and after surgery. You will meet an anesthesiologist who will review all of the gathered information and plan your anesthetic. If your surgeon or any other doctor orders tests such as blood tests, urine tests, heart tests and x-rays, you will have these done. It’s important to tell your doctor of any past surgical complications like blood clots or breathing problems. At your pre-operative visit, bring a list of all medications and/or supplements you take or herbal remedies you use.

Before starting the procedure in the operating room, the surgeon, anesthesiologist and operating room nurses will perform the Surgical Safety Checklist to ensure your safety. Surgery for lung cancer requires general anesthesia. You will be asleep for the operation. There are different types of surgeries depending on the location and size of your tumour. The process can vary as well. The most common is a thoracotomy. It involves a surgical incision between the ribs in the side of the chest. Some Thoracic Surgeons now treat certain early stage lung cancers near the outside of the lung with a procedure called video-assisted thoracic surgery (VATS), which requires smaller incisions than a thoracotomy.
After your lung cancer surgery, you will rest and recover for a time in a hospital bed on a unit where the healthcare team specializes in post-chest surgery care. The nurses and therapeutic staff are here to make sure you are cared for and as comfortable as possible after your surgery. They provide the care you need in the surgical step-down unit and subsequently at the chest ward. Your surgeon and a team of your surgeon’s learners (residents, fellows and medical students) will be in close contact with the healthcare team on the unit where you will be staying and will check in on your recovery process. If at any time you or visiting family have any questions or concerns about your care or the next steps before you are discharged into the community, feel welcome to ask – we’re here to help.

I think one of the challenges of recovery from surgery is the spiritual healing. Thanks to the wonderful work that the LDAP team and the thoracic surgeons do in diagnosing patients and providing access to surgery quickly, many patients and their families have very little time to come to terms with their lung cancer. After the surgery, and after the adrenaline rush, patients sometimes experience symptoms of depression and anxiety. These feelings can often contribute to physical symptoms such as fatigue, pain, and shortness of breath, during recovery. These sad or anxious feelings may be difficult for some family or friends to understand. Please seek out support and share these feelings with someone in your life or with someone from your healthcare team.
Congratulations! You have now transitioned from being a lung cancer patient to a lung cancer survivor. A whole new chapter of your life begins today.

Your recovery starts on the first day after your operation. It is important that in hospital you keep active by completing your breathing exercises and physiotherapy. At home, stay busy: take a walk every day and go back to your social life. You will find that the pain will decrease rapidly and you will be back to your normal lifestyle faster.

A few weeks have now passed, and your mind is now free to wonder about the next goals of your survivorship. If you were a smoker and have not been able to quit yet, this is the time, and no, it is never too late. Make sure you show up to all your appointments and treatments for the next five years. It is important to remember that your life has not ended with lung cancer. Be conscious of the other aspects of your health and well being: eat right, exercise regularly, and see your other doctors for your remaining health issues.

The big moment is now here, and you are five years from your treatment. Your doctor shakes your hand and declares to you that you are now “cured.” However, be cognizant that you will need to be observed at least once a year to make sure that you do not pick up another new cancer. Take this opportunity to embrace your new self and continue your healthy lifestyle.

Your doctors have helped you survive the cancer, and now you have to make sure that it was all worthwhile.
In Conclusion

We hope you have found June’s Story to be enlightening, inspiring and encouraging. We also hope it brought you a smile. Beyond taking you through a lung cancer diagnosis, this booklet was meant to capture the purpose and people behind the Lung Diagnostic Assessment Program (LDAP) and the Esophageal Diagnostic Assessment Program (EDAP).

The success of both the LDAP and EDAP Programs are dependent on the support and expertise of many professionals across our region; from St. Joseph’s Healthcare Hamilton, the Niagara Health System, Brantford General Hospital and the Juravinski Cancer Centre. We appreciate the ongoing commitment of this network of health care providers; they assist us in helping you. And it doesn’t end when you leave the hospital. LDAP and EDAP coordinates with St. Joe’s Integrated Comprehensive Care (ICC) Project to ensure our patients’ health care needs are met at home. If you require nursing support or physiotherapy, ICC will make it happen. This seamless transfer of care is made possible by the entire ICC team, to which whom we are truly grateful.

Most importantly, we wish to thank you for entrusting us with your cancer care needs. It is our privilege and goal to achieve the best outcome possible for each of our patients. It is an honour and inspiration to spend time with you at our fourth Celebration of Life.

Sincerely,

Dr. Yaron Shargall
Head of Thoracic Surgery
St. Joseph’s Healthcare Hamilton & McMaster University
June’s Journey: A Story About Lung Cancer is a collaboration between a patient (June McQuain), her husband (Bev McQuain) and the many healthcare professionals that touched their lives during June’s lung cancer diagnosis, treatment, surgery and recovery.

Mr. and Mrs. McQuain have been married for 59 years, raising three children in the town of Morriston. Over the years, they were happy to welcome six grandchildren! When June was diagnosed with lung cancer in January 2014, her treatment, surgery and recovery inspired her husband to document their journey through comic illustrations. By channeling his many fears and worries into this creative venture, Mr. McQuain ended up with a storybook narrative that brought a touch of lightheartedness to an otherwise stressful and worrisome time. Mr. McQuain’s comic illustrations have been combined with messages from healthcare professionals who treat lung cancer patients as part of the interconnected Lung Diagnostic Assessment Program, exemplifying the care and education Mr. and Mrs. McQuain received along this journey.

“The care my wife received was very personal,” says Mr. McQuain. Mr. and Mrs. McQuain are happy that their positive care experience and his comic illustrations may hopefully help others in a similar situation find comfort in sharing a common journey.

Thank you

All comic illustrations for this book have been generously provided for use in June’s Journey by Mr. Bev McQuain. Thank you to Mr. and Mrs. McQuain for sharing their story.