

## Canser yr ysgyfaint

Mae'r wybodaeth hon ynghylch canser yr ysgyfaint a thriniaethau ar gyfer canser yr ysgyfaint.

Mae'r wybodaeth hon ynghylch **canser sy'n dechrau yn yr ysgyfaint** (prif ganser yr ysgyfaint).

Nid yw'n ymwneud â chanser sy'n dechrau rhywle arall yn y corff ac yn ymledu i'r ysgyfaint (canser eilaidd yr ysgyfaint).

Ceir esboniad o'r geiriau sydd wedi eu tanlinellu yn y rhestr eiriau ar y diwedd. Mae'r rhestr geiriau hefyd yn cynnwys sut i ddweud y geiriau yn Saesneg.

Os oes gennych unrhyw gwestiynau am yr wybodaeth hon, gallwch holi'ch meddyg neu nyrs yn yr ysbyty lle rydych yn cael eich triniaeth.

Gallwch hefyd ffonio Cymorth Canser Macmillan ar radffôn **0808 808 00 00** 7 diwrnod yr wythnos rhwng 8am a 8pm. Mae gennym gyfieithwyr felly, gallwch siarad â ni yn eich iaith eich hun. Pan fyddwch yn ein ffonio, dywedwch wrthym yn Saesneg pa iaith yr ydych ei hangen (dywedwch "Welsh").

Mae yna ragor o wybodaeth ar ganser mewn ieithoedd eraill ar [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

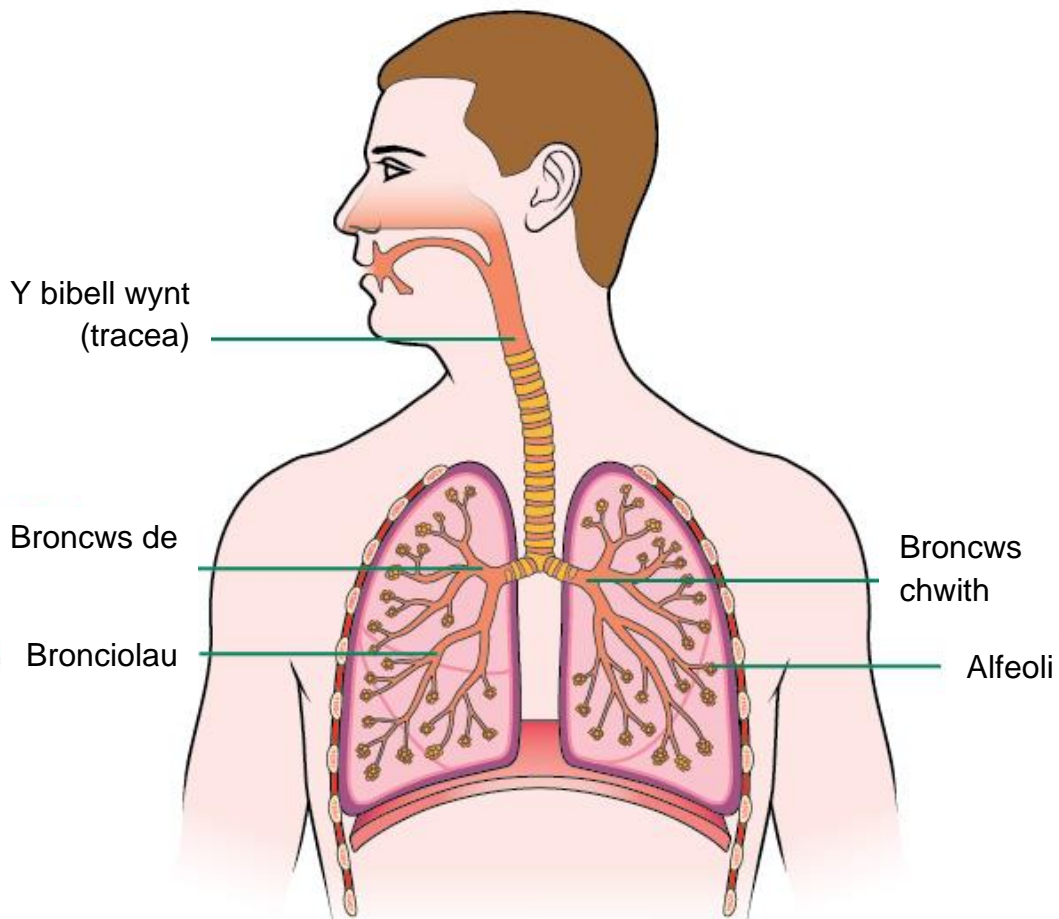
### Mae'r wybodaeth hon yn trafod:

- Yr ysgyfaint
- Canser yr ysgyfaint
- Sut caiff triniaeth ei chynllunio
- Siarad â'ch tîm gofal iechyd
- Triniaethau am ganser yr ysgyfaint
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- Rheoli symptomau
- Ar ôl triniaeth
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- Sut y gall Macmillan eich helpu chi
- Rhestr eiriau
- Rhagor o wybodaeth yn eich iaith
- Cyfeiriadau a diolchiadau

## Yr ysgyfaint

Mae gennym ddau ysgyfant yn ein brest sy'n ein helpu i anadlu.

Pan fyddwn yn anadlu i mewn, mae aer yn pasio o'r trwyn neu'r geg drwy'r bibell wynt (tracea). Mae hon yn rhannu'n ddau diwb, gydag un yn mynd i bob ysgyfant. Gelwir y rhain yn froncws de a broncws chwith. Maen nhw'n rhannu'n diwbiau llai o'r enw bronciolau. Ar ben y bronciolau mae miliynau o godenni aer bach o'r enw alfeoli. Dyma ble mae'r ocsigen o'r aer a anadlwn yn mynd i mewn i'r gwaed.



## Canser yr ysgyfaint

Mae pob rhan o'r corff wedi'i wneud o gelloedd bach. Mae canser yr ysgyfaint yn digwydd pan fo'r celloedd yn yr ysgyfaint yn tyfu'n afreolus ac yn ffurfio lwmp a elwir yn diwmor.

Mae dau brif fath o ganser yr ysgyfaint:

- **canser yr ysgyfaint celloedd mwy** – dyma'r math mwyaf cyffredin o ganser yr ysgyfaint ac mae yna 3 prif fath: adenocarcinoma, carsinoma celloedd cennog, a chanser yr ysgyfaint celloedd mawr.
- **canser yr ysgyfaint celloedd bach** – mae tua 1 ym mhob 7 canser yr ysgyfaint yn ganser yr ysgyfaint celloedd bach.

Caiff y rhan fwyaf o ganserau'r ysgyfaint eu hachosi gan ysmegu sigarennau. Ond nid yw 1 ym mhob 10 o bobl sy'n cael canser yr ysgyfaint (10%) erioed wedi ysmegu.

Os ydych yn ysmegu, bydd eich meddyg fel arfer yn eich cynghori i roi'r gorau i ysmegu. Gall hyn wneud eich triniaeth weithio'n well a lleihau'r sgîl-effeithiau. Mae hefyd yn helpu eich iechyd yn yr hir dymor. Gall eich meddyg neu ysbyty gynnig triniaethau i'ch helpu i roi'r gorau i ysmegu.

Nid yw canser yr ysgyfaint yn heintus. Mae hyn yn golygu na ellir ei drosglwyddo i bobl eraill.

### Camau canser yr ysgyfaint

Bydd eich meddyg yn cynnal profion i ganfod ar ba gam mae canser yr ysgyfaint. Mae cam y canser yn dweud wrthy ch ba mor fawr ydyw ac os yw wedi lledaenu. Weithiau, gall celloedd canser ledaenu i rannau eraill o'r corff trwy'r gwaed neu'r system lymffatig.

Mae gwybod cam y canser yn helpu meddygon i benderfynu ar y driniaeth orau i chi.

Mae canser yr ysgyfaint wedi'i rannu'n bedwar cam:

- **Cam 1** – Mae'r canser yn fach a dim ond yn yr ysgyfaint.
- **Cam 2 neu 3** – Mae'r canser yn yr ysgyfaint yn fwy. Mae fel arfer wedi lledaenu i ardaloedd o amgylch yr ysgyfaint.
- **Cam 4** – Mae'r canser wedi ymledu ymhellach, er enghraifft, i'r ysgyfaint neu i rannau eraill o'r corff.

Os oes gennych ganser yr ysgyfaint celloedd bach, efallai bydd eich meddyg yn defnyddio system gamau wahanol. Mae hyn yn rhannu canser yr ysgyfaint yn ddau gam – afiechyd cyfyngedig ac afiechyd ar raddfa fawr. Bydd eich meddyg yn egluro'r system hon wrthy ch os ydynt yn ei defnyddio.

## Sut caiff triniaeth ei chynllunio

Bydd eich tîm gofal iechyd yn cynllunio'r driniaeth y credant sydd orau i chi.

Bydd eich meddyg neu nyrs yn siarad â chi am y cynllun triniaeth. Bydd eich cynllun triniaeth yn dibynnu ar nifer o bethau, megis:

- y math o ganser yr ysgyfaint sydd gennych
- cam y cancer
- manteision a risgiau gwahanol driniaethau
- eich iechyd cyffredinol
- eich ffafriaeth bersonol.

## Siarad â'ch tîm gofal iechyd

Mae'n bwysig eich bod yn trafod unrhyw gynllun triniaeth â'ch meddyg cancer neu nyrs, i wneud yn siŵr eich bod yn deall beth mae'n ei olygu. Efallai byddwch am ei drafod gyda pherthynas neu ffrind.

Ar ôl siarad gyda chi, bydd eich meddyg yn gofyn i chi lofnodi ffurflen i ddangos eich bod yn deall ac yn cytuno i gael y driniaeth. Gelwir hyn yn rhoi eich caniatâd. Ni fyddwch yn cael unrhyw driniaeth oni bai eich bod wedi cytuno i'w chael.

Mae'n syniad da eich bod yn mynd â rhywun gyda chi sy'n gallu siarad eich iaith chi a Saesneg. Gall eich ysbyty drefnu cyfieithydd ar eich cyfer. Rhwch wybod i'ch nyrs os ydych angen un.

## Cwestiynau i'w gofyn am eich triniaeth

Dyma rai cwestiynau y gallech eu gofyn i'ch tîm gofal iechyd, er mwyn sicrhau eich bod yn deall y driniaeth a sut y gallai effeithio arnoch:

- Beth yw nod fy nhriniaeth?
- Pa driniaethau sydd ar gael?
- Beth yw manteision, risgiau a sgîl-effeithiau pob triniaeth?
- Sut fydd y driniaeth yn effeithio ar fy mywyd dyddiol?
- Gyda phwy allaf i siarad am sut ydw i'n teimlo?

## Triniaethau ar gyfer cancer yr ysgyfaint

Mae'r triniaethau ar gyfer cancer yr ysgyfaint yn cynnwys:

- llawdriniaeth (llawfeddygaeth)
- cyffuriau cancer (cemotherapi neu therapi targedig)
- radiotherapi.

Efallai y ceuoch fwy nag un math o driniaeth. Bydd y driniaeth hefyd yn dibynnu ar y math o ganser yr ysgyfaint sydd gennych a cham y cancer.

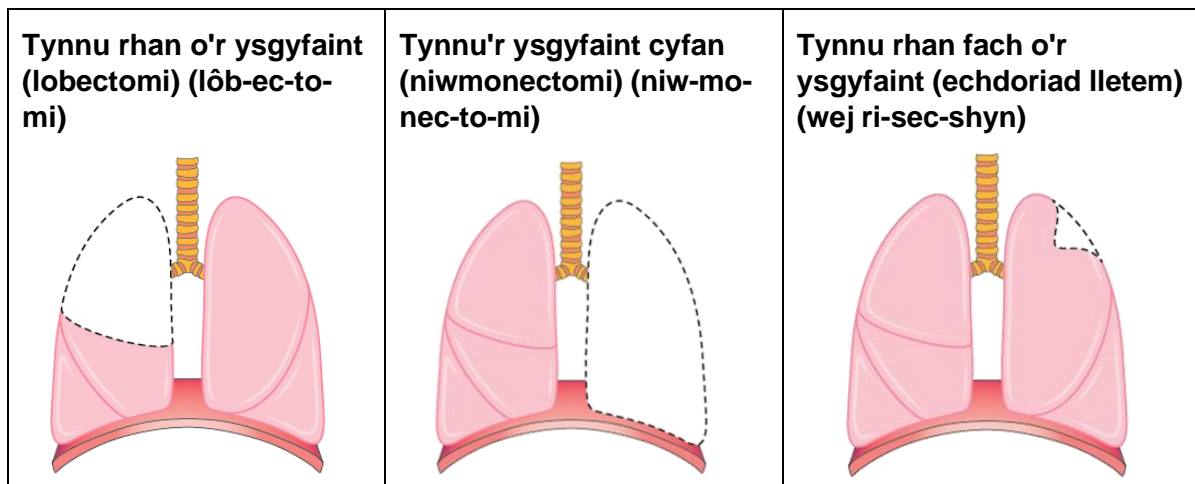
## Llawfeddygaeth

I rai pobl, gall fod yn bosibl tynnu'r cancer gyda llawdriniaeth.

Mae hyn yn dibynnu ar fath a cham y cancer, a'ch iechyd yn gyffredinol. Anaml y defnyddir llawdriniaeth i drin cancer yr ysgyfaint celloedd bach. Yn hytrach fe ddefnyddir triniaethau eraill.

Cyn y llawdriniaeth, byddwch yn cael profion i weld pa mor dda y mae eich ysgyfaint yn gweithio.

Dangosir y tri phrif lawdriniaeth i dynnu cancer yr ysgyfaint isod.



Weithiau bydd 2 labed o'r ysgyfaint yn cael eu tynnu. Gallai'r llawfeddyg gyflawni'r lawdriniaeth hon os yw'r cancer wedi lledaenu i ddwy labed nesaf i'w gilydd. Weithiau fe elwir y lawdriniaeth yn bilobectomi.

Mae gennym ragor o wybodaeth yn Gymraeg sy'n egluro sut y mae llawfeddygaeth yn cael ei chynllunio a beth i'w ddisgwyl ar ôl y llawdriniaeth. Ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Cemotherapi

Mae cemotherapi yn defnyddio cyffuriau i ddinistrio celloedd cancer.

Gellir defnyddio cemotherapi ar wahanol adegau am resymau gwahanol.

<b>Pryd?</b>	<b>Pam?</b>
Cyn <u>llawfeddygaeth</u> neu <u>radiotherapi</u>	I leihau'r cancer
Ar ôl <u>llawfeddygaeth</u> neu <u>radiotherapi</u>	I ddinistrio unrhyw <u>gelloedd cancer</u> sydd ar ôl
Ar yr un pryd â <u>radiotherapi</u> (gelwir hyn yn cemoymbelydredd)	Gellir defnyddio'r driniaeth gref hon os nad yw llawdriniaeth yn bosibl, neu os yw'r cancer wedi lledaenu'r tu allan i'r ysgyfaint
Ynghyd â chyffuriau targedig neu imiwnotherapi	I helpu lleihau a rheoli'r cancer
Ar ben ei hun, i reoli cancer datblygedig (gelwir hyn yn <u>driniaeth liniarol</u> )	I reoli cancer sy'n ddatblygedig a helpu i leihau symptomau

Fel arfer, rhoddir cemotherapi fesul sawl sesiwn o driniaeth gyda chyfnodau gorffwys rhwng y triniaethau. Fel arfer rhoddir y driniaeth i mewn i wythïen trwy ddiferiad neu frechiad. Bydd eich meddyg yn dweud wrthyf faint o sesiynau triniaeth fydd eu hangen arnoch a pha mor hir y bydd yn ei gymryd. Fe allai gymryd sawl mis i gwblhau eich cwrs o gemotherapi.

Mae rhai pobl gyda chanser yr ysgyfaint o fath celloedd mwy yn parhau gyda cemotherapi os yw'n gweithio'n dda. Weithiau fe elwir hyn yn driniaeth cynnal a chadw.

### Sgîl-ffeithiau cemotherapi

Gall cyffuriau cemotherapi achosi sgîl-ffeithiau sy'n gwneud i chi deimlo'n wael. Os byddwch yn derbyn cemotherapi gyda radiotherapi, gallai'r sgîl-ffeithiau fod yn waeth.

Gall eich meddyg siarad â chi am y sgîl-ffeithiau y gallech eu cael a sut i'w rheoli. Gellir rheoli'r rhan fwyaf o sgîl-ffeithiau gyda meddyginiaethau eraill a bydd y mwyafrif yn mynd ar ôl i'ch cemotherapi ddod i ben.

Mae gennym ragor o wybodaeth yn Gymraeg am gemotherapi a rhai o'r sgîl-ffeithiau y gallwch eu profi. Ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Radiotherapi

Mae radiotherapi yn defnyddio pelydrau X ynni uchel i ddinistrio celloedd cancer. Gellir ei roi am wahanol resymau.

Pryd?	Pam?
Ar ei ben ei hun fel y brif driniaeth	I geisio iachau cancer yr ysgyfaint <u>cam cynnar</u>
Ar ôl llawdriniaeth	I ddinistrio unrhyw <u>gelloedd cancer</u> sydd ar ôl
Ar yr un pryd â <u>cemotherapi</u> (gelwir hyn yn cemoymbelydredd)	Gellir defnyddio'r driniaeth gref hon os nad yw llawdriniaeth yn bosibl, neu os yw'r cancer wedi lledaenu'r tu allan i'r ysgyfaint
Cyn neu ar ôl <u>cemotherapi</u>	I leihau neu i reoli'r cancer
Ar ben ei hun, i reoli symptomau (gelwir hyn yn <u>driniaeth liniarol</u> )	I reoli symptomau a achosir gan y cancer fel bod yn fyr o anadl neu boen

Mae rhai pobl gyda chanser yr ysgyfaint celloedd bach yn cael radiotherapi i'r ymennydd. Rhoddir hyn i atal unrhyw gelloedd cancer a allai fod wedi ymledu i'r ymennydd rhag tyfu'n diwmor newydd. Os ydych angen y driniaeth hon, bydd eich meddyg neu nyrs yn ei egluro i chi.

Mae gwahanol ffyrdd o gael radiotherapi. Fe'i rhoddir yn aml o du allan i'r corff gan beiriant (radiotherapi allanol):



Bydd eich meddyg cancer yn dweud mwy wrthyhych am y math o radiotherapi rydych chi'n ei gael.

Mae llawer o bobl yn cael radiotherapi fel claf allanol. Mae hyn yn golygu eich bod yn dod i'r ysbyty am driniaeth ac yna'n mynd adref eto'r diwrnod hwnnw.

Mae eich cynllun triniaeth yn dibynnu ar y math o ganser yr ysgyfaint sydd gennych, cam y cancer a'ch iechyd cyffredinol. Bydd eich meddyg cancer yn dweud wrthyhych beth fydd eich triniaeth radiotherapi yn ei olygu.

Mae gennym ragor o wybodaeth yn Gymraeg am radiotherapi. Ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Cyffuriau therapi wedi'u targedu ac imiwnotherapi

Gall y cyffuriau hyn gael eu defnyddio i drin canser yr ysgyfaint celloedd mwy ac sydd wedi lledaenu. Gallant helpu lleihau'r canser a gwneud iddo dyfu yn llai cyflym. Efallai y byddwch yn cael y cyffuriau hyn ar ben ei hunain neu gyda cemotherapi.

Gall cyffuriau therapi targedig atal y celloedd canser rhag tyfu a lluosogi. Rydych chi'n eu cymryd fel tabledi neu gapsiwla. Efallai y bydd angen profion arnoch i ddarganfod a ydynt yn debygol o weithio i chi. Os yw'n debygol y bydd cyffur yn gweithio'n well i chi, gellir ei roi i chi fel eich triniaeth gyntaf.

Mae cyffuriau imiwnotherapi yn helpu eich system imiwnedd i adnabod a dinistrio celloedd canser. Mae'r cyffuriau yn cael eu rhoi i mewn i wythïen trwy ddiferiad. Weithiau fe roddir cyffuriau imiwnotherapi gyda chyffur targedig neu imiwnotherapi arall.

## Triniaethau eraill

Gellir defnyddio triniaethau eraill hefyd i drin canser yr ysgyfaint neu i reoli symptomau.

Mae abladiad radio-amledd (RFA) yn defnyddio gwres i ddinistrio celloedd canser.

Mae'r meddyg yn rhoi nodwydd i mewn yn y tiwmor ac yn pasio cerrynt trydanol trwyddo i ddinistrio'r celloedd canser.

Mae therapi ffotodeinamig (PDT) yn defnyddio goleuni i ddinistrio celloedd canser. Yn gyntaf, fe gewch gyffur arbennig sy'n sensitif i oleuni. Yna, rydych yn aros ychydig oriau i ganiatáu'r cyffur gael ei amsugno gan y celloedd canser. Ar ôl ychydig oriau, mae'r meddyg yn pasio tiwb i lawr eich pibell wynt (gweler tudalen 2) ac yn sgleinio golau ar y tiwmor yn eich ysgyfaint. Mae'r golau'n helpu gwneud y cyffur yn weithgar, sy'n helpu i ddinistrio'r celloedd canser.

## Rheoli symptomau

Os yw'r canser yn ddatblygedig, mae yna lawer o ffyrdd i reoli unrhyw symptomau sydd gennych. Gall eich meddyg roi gwahanol gyffuriau neu feddyginiaethau i chi i helpu gyda symptomau. Dywedwch wrth eich meddyg bob amser os nad yw'r symptomau'n gwella.

## Llwybr anadlu wedi blocio

Weithiau, gall canser yr ysgyfaint flocio neu gulhau un neu fwy o lwybrau anadl yn yr ysgyfaint. Gall hyn achosi bod yn fyr eich anadl. Gellir defnyddio gwahanol driniaethau i ryddhau llwybr anadlu wedi blocio:

- Mae rhai triniaethau yn defnyddio tymheredd oer iawn i rewi a dinistrio celloedd canser.
- Mae rhai triniaethau yn defnyddio cerrynt trydanol i ddinistrio celloedd canser.
- Gellir hefyd rhoi radiotherapi i'r canser o du allan i'r corff.
- Gellir rhoi tiwb bach a elwir yn stent yn y llwybr anadlu i'w gadw'n agored.



## Croniad o hylif

Os yw hylif yn cronni yn yr ysgyfaint, gall eich meddyg fel arfer ei dynnu gan ddefnyddio nodwydd a thiwb draenio. Neu efallai y medrwch gael triniaeth sy'n helpu i atal yr hylif rhag casglu o amgylch yr ysgyfaint.

## Ar ôl triniaeth

Ar ôl i'ch triniaeth ddod i ben, byddwch yn cael gwiriadau a phrofion gwaed rheolaidd. Gallai'r rhain barhau am sawl blwyddyn. Ar y dechrau, byddant yn eithaf rheolaidd, ond dros amser fe gewch chi nhw yn llai aml.

## Eich teimladau

Efallai byddwch yn teimlo wedi eich llethu pan gewch wybod bod gennych ganser. Efallai bydd gennych sawl emosiwn gwahanol. Mae rhai pobl yn teimlo'n ofidus, wedi'u synnu neu'n bryderus, tra bod eraill yn teimlo'n ddig, yn euog neu'n unig. Does dim ffordd gywir nac anghywir o ymateb. Ond efallai bod yna sawl ffordd i ymdopi gyda'ch emosiynau.

Gallai siarad â ffrind agos neu berthynas helpu. Cofiwch, mae help bob amser ar gael os ydych ei angen. Os ydych chi'n cael trafferth ymdopi, siaradwch â'ch meddyg neu'ch nyrs. Mae rhai pobl yn canfod bod cwnsela'n ddefnyddiol iawn. Gall eich meddyg neu nyrs eich cyfeirio at un.

## Sut y gall Macmillan eich helpu chi

Mae Macmillan yma i'ch helpu chi a'ch teulu. Gallwch gael cefnogaeth gan:

- **Linell Gymorth Macmillan (0808 808 00 00).** Mae gennym gyfieithwyr, felly gallwch siarad gyda ni yn eich iaith. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio. Gallwn ateb cwestiynau meddygol, rhoi gwybodaeth am gymorth ariannol i chi neu siarad gyda chi am eich teimladau. Gallwch ffonio 7 diwrnod yr wythnos rhwng 8am a 8pm.
- **Gwefan Macmillan ([macmillan.org.uk](http://macmillan.org.uk)).** Mae gan ein safle lawer o wybodaeth yn Saesneg am ganser a byw gyda chanser. Mae mwy o wybodaeth mewn ieithoedd eraill yn [macmillan.org.uk/translations](http://macmillan.org.uk/translations)
- **Gwasanaethau gwybodaeth a chefnogaeth.** Mewn gwasanaeth gwybodaeth a chefnogaeth, gallwch siarad ag arbenigwr canser a chael gwybodaeth ysgrifenedig. Chwiliwch am eich canolfan agosaf yn [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) neu ffoniwch ni. Efallai y bydd gan eich ysbyty ganolfan.
- **Grwpiau cefnogaeth lleol** – Mewn grŵp cefnogaeth, gallwch siarad â phobl eraill wedi'u heffeithio gan ganser. Dewch o hyd i grŵp gerllaw yn [macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups) neu ffoniwch ni.
- **Cymuned Ar-lein Macmillan** – Gallwch hefyd siarad â phobl eraill wedi'u heffeithio gan ganser ar-lein yn [macmillan.org.uk/community](http://macmillan.org.uk/community)

## Rhestr geiriau

Gair	Yn Saesneg	Sut i'w ddweud yn Saesneg	Ystyr
Abladiad radio-amledd (RFA)	Radiofrequency ablation (RFA)	Rei-dio-ffricwensi ablashion	Triniaeth canser sy'n defnyddio gwres i ladd <u>celloedd canser</u> .
Cam	Stage	Steij	Mae cam y canser yn dweud wrthy ch pa mor fawr ydyw ac os yw wedi lledaenu.
Caniatâd	Consent	Con-sent	Rhoi caniatâd i ryw beth ddigwydd neu gytuno i wneud rhywbeth.
Celloedd	Cells	Séls	Y blociau adeiladu bach sy'n llunio organau a meinwe ein corff.
Celloedd canser	Cancer cells	Cansyr Séls	<u>Celloedd</u> yn y corff sydd wedi dod yn abnormal ac maent nawr yn ganser.
Cemotherapi	Chemotherapy	Ci-mo-ther-ypi	Triniaeth canser sy'n defnyddio cyffuriau i ladd <u>celloedd canser</u> .
Imiwnotherapi	Immunotherapy	Im-iwn-o-therapi	Triniaeth canser sy'n gweithio trwy helpu'r <u>system imiwnedd</u> i adnabod a dinistrio <u>celloedd canser</u> .
Llawfeddygaeth	Surgery	Syr-jeri	Triniaeth ar gyfer canser sy'n golygu cael llawdriniaeth.
Llwybr anadlu	Airway	Êr-wei	Llwybr neu diwb yn y corff y gall aer symud trwyddo i gyrraedd yr ysgyfaint.
Radiotherapi	Radiotherapy	Rei-dio ther-api	Triniaeth canser sy'n defnyddio pelydrau ynni uchel, megis pelydrau X, i ddinistrio <u>celloedd canser</u> .
Sgîl-efeithiau	Side effects	Said eff-ects	Effeithiau digroeso triniaeth canser. Er enghraifft, colli gwallt, teimlo'n sâl neu flinedig.
System camau	Staging system	Steijing sistem	Set o reolau sy'n helpu meddygon i benderfynu ym mha <u>gam</u> mae canser.

System imiwneidd	Immune system	Im-iwn sis-tem	Eich system imiwneidd yw dull eich corff chi o'ch amddiffyn rhag bacteria niweidiol a <u>haint</u> .
System lymffatig	Lymphatic system	Lum-ffat-ic sustem	Rhwydwaith o bibellau a chwarennau yn eich corff. Maent yn helpu i ymladd <u>haint</u> . Maent hefyd yn draenio hylif dros ben o'r meinweoedd a'r organau.
Tîm gofal iechyd	Healthcare team	Helth-cêr tîm	Y tîm o arbenigwyr meddygol a gweithwyr eraill sy'n gofalu amdanoch.
Tiwmor	Tumour	Tiw-myr	Grŵp o <u>gelloedd cancer</u> sydd wedi ffurfio'n lwmp.
Triniaeth liniarol	Palliative treatment	Pali-atif trîment	Triniaeth a roddir i rywun â chanser na ellir ei wella. Gallai hyn gynnwys triniaeth i leihau'r canser, neu driniaeth i ostwng symptomau ac i wneud person yn fwy cyfforddus.
Therapi ffotodeinamig (PDT)	Photodynamic therapy (PDT)	Ffoto-dainamic ther-api	Triniaeth canser sy'n defnyddio goleuni i ddinistrio <u>celloedd cancer</u> .
Therapi targedig	Targeted therapy	Targetid ther-api	Triniaeth canser sy'n defnyddio cyffuriau sy'n targedu a dinistrio <u>celloedd cancer</u> .

## Rhagor o wybodaeth yn Gymraeg

Mae gennym wybodaeth yn Gymraeg am y pynciau hyn:

<p><b>Mathau o ganser</b></p> <ul style="list-style-type: none"><li>• Canser y fron</li><li>• Canser y coluddyn mawr</li><li>• Canser yr ysgyfaint</li><li>• Canser y brostad</li></ul> <p><b>Triniaethau</b></p> <ul style="list-style-type: none"><li>• Cemotherapi</li><li>• Radiotherapi</li><li>• Llawfeddygaeth</li></ul>	<p><b>Ymdopi â chanser</b></p> <ul style="list-style-type: none"><li>• Os cewch ddiagnosis o ganser - Canllaw cyflym</li><li>• Problemau bwyta a chanser</li><li>• Diwedd oes</li><li>• Cymorth ariannol - budd-daliadau</li><li>• Cymorth ariannol – help gyda chostau</li><li>• Bwyta'n iach</li><li>• Blinder a chanser</li><li>• Sgîl-ffeithiau triniaeth canser</li><li>• Yr hyn y gallwch ei wneud i helpu'ch hun</li></ul>
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I weld yr wybodaeth hon, ewch i [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

## Cyfeiriadau a diolchiadau

Mae'r wybodaeth hon wedi ei hysgrifennu a'i golygu gan dîm Datblygu Gwybodaeth Canser Cymorth Canser Macmillan. Mae wedi cael ei chyfieithu gan gwmni cyfieithu.

Mae'r wybodaeth yn y llyfryn yn seiliedig ar lyfryn Deall cancer yr ysgyfaint Macmillan. Gallwn anfon copi atoch chi, ond mae'r llyfryn llawn ar gael yn Saesneg yn unig.

Mae'r wybodaeth hon wedi ei hadolygu gan arbenigwyr perthnasol a'i chymeradwyo gan ein Uwch Olygydd Meddygol, Dr David Gilligan, Oncolegydd Ymgynghorol. Diolch hefyd i'r bobl sydd wedi eu heffeithio gan ganser a adolygodd yr wybodaeth hon.

Mae'r holl wybodaeth yn seiliedig ar y dystiolaeth orau sydd ar gael. Am ragor o wybodaeth am y ffynonellau a ddefnyddiwn, cysylltwch â ni yn [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)

MAC15137\_Welsh

Adolygwyd y cynnwys: 2020

Adolygiad arfaethedig nesaf: 2023

Rydym yn gwneud pob ymdrech i sicrhau bod yr wybodaeth a ddarperir gennym yn gywir, ond ni ddylid dibynnu arni i adlewyrchu cyflwr presennol ymchwil feddygol, sy'n newid o hyd. Os ydych chi'n poeni am eich iechyd, siaradwch â'ch meddyg. Ni all Macmillan fod yn gyfrifol am unrhyw golled neu ddifrod sy'n deillio o unrhyw gamgymeriad yn yr wybodaeth hon na gwybodaeth trydydd parti fel gwybodaeth ar wefannau rydym yn rhoi dolenni atyn nhw.

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*Patient Information Forum*

## Lung cancer

This information is about lung cancer and treatments for lung cancer.

This information is about **cancer that starts in the lung** (primary lung cancer). It is not about cancer that starts somewhere else in the body and spreads to the lungs (secondary lung cancer).

Any words that are underlined are explained in the word list at the end. The word list also includes how to say the words in English.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say “Welsh”).

There is more cancer information in other languages at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

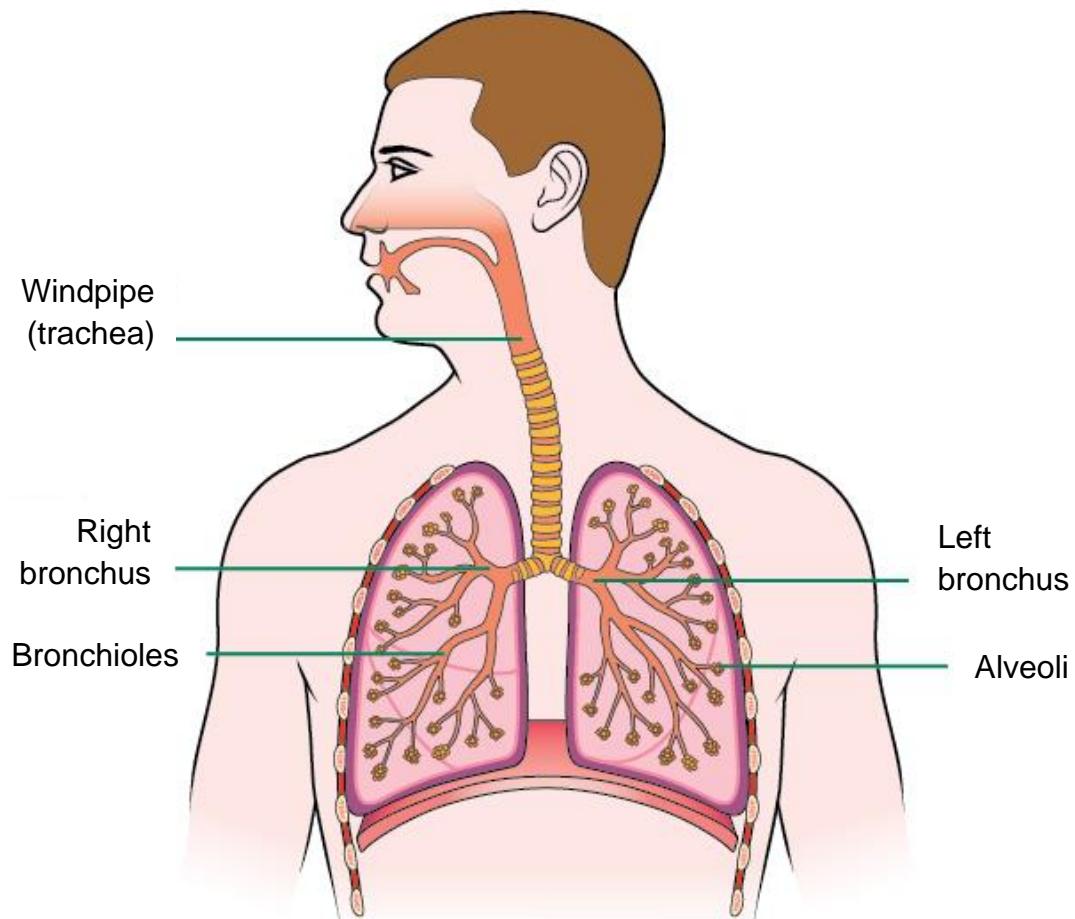
### This information is about:

- The lungs
- Lung cancer
- How treatment is planned
- Talking to your healthcare team
- Treatments for lung cancer
- Surgery
- Chemotherapy
- Radiotherapy
- Targeted therapy and immunotherapy drugs
- Other treatments
- Controlling symptoms
- After treatment
- Your feelings
- How Macmillan can help you
- Word list
- More information in your language
- References and thanks

## The lungs

We have two lungs in our chest that help us to breathe.

When we breathe in, air passes from our nose or mouth through the windpipe (trachea). This divides into two tubes, one going to each lung. These are called the right bronchus and left bronchus. They divide into smaller tubes called bronchioles. At the end of the bronchioles are millions of tiny air sacs called alveoli. This is where oxygen from the air we breathe goes into the blood.



## Lung cancer

All parts of the body are made up of tiny cells. Lung cancer happens when cells in the lung grow in an uncontrolled way and form a lump called a tumour.

There are two main types of lung cancer:

- **non-small cell lung cancer** – this is the most common lung cancer and there are 3 main types: adenocarcinoma, squamous cell carcinoma, and large cell lung cancer.
- **small cell lung cancer** – about 1 in 7 (15%) of lung cancers are small cell lung cancers.

Most lung cancers are caused by smoking cigarettes. But about 1 in 10 people who get lung cancer (10%) have never smoked.

If you smoke, your doctor will usually advise you to stop smoking. This can help make your treatment work better and reduce side effects. It also helps your long-term health. Your doctor or hospital can offer treatments to help you to stop smoking.

Lung cancer is not infectious. This means it cannot be passed on to other people.

### Stages of lung cancer

Your doctor will do tests to find out what stage the lung cancer is. The stage of a cancer tells you how big it is and whether it has spread. Sometimes, cancer cells can spread to other parts of the body through the blood or lymphatic system.

Knowing the stage of the cancer helps your doctors to plan the best treatment for you.

Lung cancer is divided into four stages:

- **Stage 1** – The cancer is small and only in the lung.
- **Stage 2 or 3** – The cancer in the lung is bigger. It has usually spread into areas around the lung.
- **Stage 4** – The cancer has spread further, for example, to the other lung or to other parts of the body.

If you have small cell lung cancer, your doctors might use a different staging system. This divides lung cancer into two stages – limited disease and extensive disease. Your doctor will explain this system to you if they are using it.



## How treatment is planned

Your healthcare team will plan the treatment they think is best for you.

Your doctor or nurse will talk to you about the treatment plan. Your treatment plan will depend on several things, such as:

- the type of lung cancer you have
- the stage of the cancer
- the benefits and risks of different treatments
- your general health
- your personal preferences.

## Talking to your healthcare team

It is important to talk about the treatment plan with your cancer doctor or nurse, so that you understand what it means. You may also want to talk to a relative or friend about it.

After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called giving your consent. You will not be given treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both your language and English. Your hospital can arrange an interpreter for you. Tell your nurse if you need one.

## Questions to ask about your treatment

Here are some questions you could ask your healthcare team, to make sure you understand the treatment and how it may affect you:

- What is the aim of my treatment?
- Which treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

## Treatments for lung cancer

Treatments for lung cancer include:

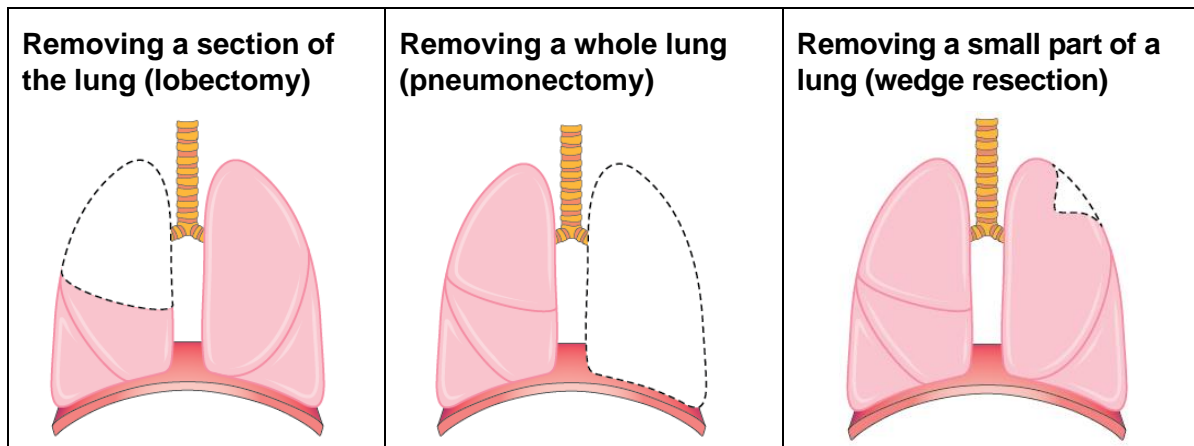
- an operation (surgery)
- cancer drugs (chemotherapy or targeted therapy)
- radiotherapy.

You may have more than one type of treatment. The treatment will also depend on the type of lung cancer you have and the stage of the cancer.

## Surgery

For some people, it may be possible to remove the cancer with an operation. This depends on the type and stage of the cancer, and your general health. Surgery is rarely used to treat small cell lung cancer. Other treatments are used instead.

Before surgery, you will have tests to check how well your lungs are working. The three main operations to remove lung cancer are shown below.



Sometimes 2 lobes of the lung are removed. The surgeon may do this operation if the cancer has spread to two lobes next to each other. The operation is sometimes called a bilobectomy.

We have more information in your language about how surgery is planned and what to expect after the operation. Visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

## Chemotherapy

Chemotherapy uses drugs to destroy cancer cells.

Chemotherapy can be used at different times for different reasons.

<b>When?</b>	<b>Why?</b>
Before <u>surgery</u> or <u>radiotherapy</u>	To shrink the cancer
After <u>surgery</u> or <u>radiotherapy</u>	To destroy any <u>cancer cells</u> left behind
At the same time as <u>radiotherapy</u> (this is called chemoradiation)	This strong treatment can be used if an operation is not possible, or if the cancer has spread outside the lung
Along with targeted or immunotherapy drugs	To help shrink and control the cancer
On its own, to control advanced cancer (this is called <u>palliative treatment</u> )	To control cancer that is advanced and help reduce symptoms

Chemotherapy is usually given as several sessions of treatment, with rest periods in between the treatments. The treatment is usually given into a vein by a drip or injection. Your doctor will tell you how many treatment sessions you will need and how long it will take. It may take several months to complete your course of chemotherapy.

Some people with non-small cell lung cancer continue with chemotherapy if it is working well. This is sometimes called maintenance treatment.

### Side effects of chemotherapy

Chemotherapy drugs can cause side effects that make you feel unwell. If you have chemotherapy with radiotherapy the side effects can be worse.

Your doctor can talk to you about the side effects you may have, and how to manage them. Most side effects can be controlled with other medicines and most will go away after your chemotherapy ends.

We have more information in your language about chemotherapy and some of the side effects you may have. Visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

## Radiotherapy

Radiotherapy uses high-energy rays, such as x-rays, to destroy cancer cells. It can be given for different reasons.

<b>When?</b>	<b>Why?</b>
On its own as the main treatment	To try to cure an <u>early stage</u> lung cancer
After an operation	To destroy any <u>cancer cells</u> left behind
At the same time as <u>chemotherapy</u> (this is called chemoradiation)	This strong treatment can be used if an operation is not possible, or if the cancer has spread outside the lung
Before or after <u>chemotherapy</u>	To shrink or control the cancer
On its own, to control symptoms (this is called <u>palliative treatment</u> )	To control symptoms caused by the cancer like breathlessness or pain

Some people with small cell lung cancer have radiotherapy to the brain. This is given to prevent any cancer cells that may have spread to the brain from growing into a new tumour. If you need this treatment, your doctor or nurse will explain it to you.

There are different ways of having radiotherapy. It is often given from outside the body by a machine (external radiotherapy):



Your cancer doctor will tell you more about the type of radiotherapy you are having.

Many people have radiotherapy as an outpatient. This means you come to hospital for treatment and then go home again that day.

Your treatment plan depends on the type of lung cancer you have, the stage of the cancer and your general health. Your cancer doctor will tell you what your radiotherapy treatment will involve.

We have more information in your language about radiotherapy. Visit [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Targeted therapy and immunotherapy drugs

These drugs may be used to treat non-small cell lung cancer that has spread. They may help to shrink the cancer and make it grow less quickly. You may have these drugs on their own or with chemotherapy.

Targeted therapy drugs can stop the cancer cells from growing and multiplying. You take them as tablets or capsules. You may need tests to find out if they are likely to work for you. If a drug is likely to work well for you, it may be given as your first treatment.

Immunotherapy drugs help your immune system to recognise and destroy cancer cells. The drugs are given into a vein through a drip. Sometimes immunotherapy drugs are given with another targeted or immunotherapy drug.

## Other treatments

Other treatments can also be used to treat lung cancer or to control symptoms.

Radiofrequency ablation (RFA) uses heat to destroy cancer cells. The doctor places a needle into the tumour and passes an electrical current through it to destroy the cancer cells.

Photodynamic therapy (PDT) uses light to destroy cancer cells. First, you are given a special drug that is sensitive to light. Then, you wait a few hours to allow the drug to be absorbed by the cancer cells. After a few hours, the doctor passes a tube down your windpipe (see page 2) and shines a light onto the tumour in your lung. The light helps to make the drug active, which helps destroy the cancer cells.

## Controlling symptoms

If the cancer is advanced, there are lots of ways to control any symptoms you may have. Your doctor can give you different drugs or medicines to help with symptoms. Always tell your doctor if symptoms do not improve.

### Blocked airway

Sometimes, lung cancer can block or narrow one or more airways in the lungs. This can cause breathlessness. Different treatments can be used to help a blocked airway:

- Some treatments use very cold temperatures to freeze and destroy cancer cells.
- Some treatments use an electrical current to destroy cancer cells.
- Radiotherapy can also be given to the cancer from inside the body.
- A small tube called a stent can be put into the airway to keep it open.

### A build-up of fluid

If fluid collects in the lung, your doctor can usually remove it using a needle and drainage tube. Or you may be able to have a procedure that helps to stop fluid collecting around the lungs.

## After treatment

After your treatment has finished, you will have regular check-ups and tests. These may continue for several years. At first they will be quite regular, but over time you will have them less often.

## Your feelings

You may feel overwhelmed when you are told you have cancer. You may have many different emotions. Some people feel upset, shocked or anxious, while others feel angry, guilty or alone. There is no right or wrong way to feel. But there are many ways to cope with your emotions.

Talking to a close friend or relative may help. Remember, help is always available if you need it. If you are struggling to cope, speak to your doctor or nurse. Some people find counselling very helpful. Your doctor or nurse can refer you.

## How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00).** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open 7 days a week, 8am to 8pm.
- **The Macmillan website ([macmillan.org.uk](http://macmillan.org.uk)).** Our site has lots of English information about cancer and living with cancer. There is more information in other languages at [macmillan.org.uk/translations](http://macmillan.org.uk/translations)
- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) or call us. Your hospital might have a centre.
- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at [macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups) or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at [macmillan.org.uk/community](http://macmillan.org.uk/community)

## Word list

Word	In English	How to say in English	Meaning
	Airway		A passage or tube in the body that air can move through to reach the lungs.
	Cancer cells		<u>Cells</u> in the body that have become abnormal and are now cancer.
	Cells		The tiny building blocks that make up the organs and tissues of our body.
	Chemotherapy		A cancer treatment that uses drugs to destroy <u>cancer cells</u> .
	Consent		Giving permission for something to happen or agreeing to do something.
	Healthcare team		The team of medical experts and other professionals that look after you.
	Immune system		Your immune system is your body's way of protecting you from harmful bacteria and <u>infections</u> .
	Immunotherapy		A cancer treatment that works by helping the <u>immune system</u> to recognise and destroy <u>cancer cells</u> .
	Lymphatic system		A network of tubes and glands throughout the body. They help to fight <u>infection</u> . They also drain excess fluid out of tissues and organs.
	Palliative treatment		Treatment given to someone with a cancer that can't be cured. This may include treatment to shrink the cancer, or treatment to reduce symptoms and make the person more comfortable.

	Photodynamic therapy (PDT)		A cancer treatment that uses light to destroy <u>cancer cells</u> .
	Radiofrequency ablation (RFA)		A cancer treatment that uses heat to destroy <u>cancer cells</u> .
	Radiotherapy		A cancer treatment that uses high-energy rays, such as x-rays, to destroy <u>cancer cells</u> .
	Side effects		Unwanted effects of cancer treatment. For example, hair loss, feeling sick or tiredness.
	Stage		The stage of a cancer tells you how big it is and whether it has spread.
	Staging system		A set of rules that helps doctors decide what <u>stage</u> a cancer is.
	Surgery		A cancer treatment that means having an operation.
	Targeted therapy		A cancer treatment that uses drugs that target and destroy <u>cancer cells</u> .
	Tumour		A group of <u>cancer cells</u> that have formed a lump.

## More information in your language

We have information in your language about these topics:

<p><b>Types of cancer</b></p> <ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Large bowel cancer</li> <li>• Lung cancer</li> <li>• Prostate cancer</li> </ul> <p><b>Treatments</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Radiotherapy</li> <li>• Surgery</li> </ul>	<p><b>Coping with cancer</b></p> <ul style="list-style-type: none"> <li>• If you're diagnosed with cancer – A quick guide</li> <li>• Eating problems and cancer</li> <li>• End of life</li> <li>• Financial support – benefits</li> <li>• Financial support – help with costs</li> <li>• Healthy eating</li> <li>• Tiredness (fatigue) and cancer</li> <li>• Side effects of cancer treatment</li> <li>• What you can do to help yourself</li> </ul>
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To see this information, go to [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)



## References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated by a translation company.

The information is based on the Macmillan booklet Understanding lung cancer. We can send you a copy, but the full booklet is only available in English.

This information has been reviewed by relevant experts and approved by our Senior Medical Editor, Dr David Gilligan, Consultant Oncologist. Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **[cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)**

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Next planned review: 2023

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