

Understanding Non-Metastatic Lung Cancer

A Guide for Patients With Newly Diagnosed Non-Small Cell Lung Cancer

LUNG CANCER IS NOT ONE SINGLE DISEASE. There are two major types of lung cancer—non-small cell lung cancer and small cell lung cancer. Non-small cell lung cancer (NSCLC) is a group of lung cancers, such as adenocarcinoma and squamous cell carcinoma, that behave similarly. NSCLC is more common than small cell lung cancer.

LUNG CANCER—including both non-small cell and small cell—is the **second most common cancer** in the United States for both men and women.¹ Although lung cancer is the leading cause of cancer death in the United States, odds of survival may increase when the disease is caught early.

EARLY-STAGE DISEASE is also known as non-metastatic disease. Metastasis is the medical word for cancer that has spread to other parts of the body, so non-metastatic lung cancer is cancer that has not spread outside of the lungs or nearby lymph nodes.

WHAT IS CANCER STAGING?

Staging is a way to define the amount and spread of cancer in a patient's body. For lung cancer, the TNM staging system assigns a certain stage of disease based on the size and extent of the tumor (T), whether the cancer has spread to nearby or distant lymph nodes (N), and whether the cancer has spread outside of the lung (M, for metastases).

This guide focuses on non-metastatic disease, meaning stages I, II, or III of NSCLC; stage IV NSCLC is defined as metastatic disease.

This guide is designed to help patients and caregivers:

Become familiar with the different members of your multidisciplinary care team

Understand key terms

Understand what types of therapy may be offered and why

Prepare for appointments with the care team

Reference:

1. American Cancer Society website. Key Statistics for Lung Cancer. Available at: [cancer.org/lung-cancer/about-lung-cancer](https://www.cancer.org/lung-cancer/about-lung-cancer).



Meet Your Care Team

DURING YOUR CANCER JOURNEY, you will meet a number of healthcare professionals. Outside of your main cancer doctor (also called a medical oncologist), you may have already met a surgeon (surgical oncologist) or a doctor who administers radiation therapy (a radiation oncologist). Not all patients get surgery or radiation therapy for NSCLC. You will meet with advanced practitioners (nurse practitioners, physician assistants, and pharmacists). An advanced practitioner will often be your main provider for clinic visits. The advanced practitioner will help you manage symptoms you may experience throughout treatment and will provide you with education about different NSCLC-related topics.

You will also meet with nurses, who will help deliver medications, and patient navigators, who will help you coordinate your care, depending on the need you are experiencing. Social workers and financial counselors will help you find resources related to everything from mental health to payment assistance.



Types of Treatment



SURGERY—It may be possible to remove some or all of your NSCLC using one or more types of surgery. A surgeon may be able to remove small tumors using a minimally invasive technique. Prior to any procedure, your surgeon will evaluate your ability to undergo surgery safely. Most patients are typically hospitalized for 2–5 days, and any pain will be managed by your care team. After surgery, walking could be helpful for recovery.



RADIATION THERAPY—NSCLC treatment that uses beams of intense energy delivered to a small area to kill cancer cells is known as radiation therapy. Radiation oncologists use size and location of a tumor to determine if radiation therapy is appropriate. For example, those tumors that are very small or very large and those tumors that are on the very edge of the lung may be better suited for radiation therapy than surgery.



TARGETED THERAPY—For those cancers that are driven by biomarkers, which are characteristics belonging to a patient’s cancer or genetic aspects found within a patient’s DNA, targeted therapies can be considered. There are many different biomarkers that your care team will test for. Patients with non-metastatic NSCLC might be told that they have an EGFR gene mutation, for example, so a targeted therapy that attacks EGFR-related components of the cancer could be an appropriate treatment option.



CHEMOTHERAPY—Although not as specific as targeted therapies, chemotherapy kills rapidly dividing cells to kill the cancer. Chemotherapy can be given as a pill or intravenously (directly into a vein) in an infusion center.

Being Involved in Your Care



Patient advocate and founder of the patient support group, the KRAS Kickers, Terri Conneran has undergone numerous surgeries for NSCLC and five recurrences (when a cancer switches from inactive to active). Terri has transformed many of the hardest parts of her lung cancer experience into sincere and heartfelt advice. Here, Terri shares a list of questions for your care team to help begin the educational process, as well as, a list of common fears.

QUESTIONS FOR THE CARE TEAM

WHAT TREATMENT DO YOU RECOMMEND FOR ME AND WHY?

You are part of the decision-making process, so this is your opportunity to advocate for your best survivorship based on your goals.

WHAT IS THE GOAL OF EACH TREATMENT OPTION DISCUSSED?

Think about your goals and your individual lifestyle, such as days of the week you might want to work around.



IMMUNOTHERAPY—The newest of the treatment options for non-metastatic NSCLC, immunotherapy drugs are sometimes known as checkpoint inhibitors.



COMBINATIONS OF TREATMENT TYPES may be given before or after surgery or radiation therapy as decided by you and your doctor.

NEOADJUVANT treatment is given before the main treatment, like surgery. Some patients may receive chemotherapy or immunotherapy before surgery – in other words, neoadjuvant chemotherapy or neoadjuvant immunotherapy. The goals of neoadjuvant treatment are to treat any signs of disease at the earliest opportunity and to help prevent the cancer from returning at a later point.

An **ADJUVANT** treatment is a treatment given after the main treatment, like surgery. Adjuvant treatment is given to try to decrease the chance the cancer will come back. When cancer comes back, it is called a **RECURRENCE**.

A **PERIOPERATIVE** treatment regimen combines **NEOADJUVANT** and **ADJUVANT** treatment.

“It is really important for a care team to understand their specific patients’ values and goals, their beliefs and concerns, and some of the important aspects of their lives that they don’t want to miss out on.”

— Karen Reckamp, MD



WHAT ARE THE POSSIBLE SIDE EFFECTS?

Don’t assume that you will get every side effect, but do think about how you can identify and manage side effects using your medical team and full community of care partners within your life including friends and family.

HOW LONG IS THE TREATMENT GOING TO TAKE?

This can mean, how long will treatment take on a given day, but it can also mean what the big picture looks like in terms of how long you may be on a treatment.

HOW LIKELY IS IT TO WORK?

You don’t have to become a scientist or a doctor to understand the answer to this. Your care team can provide data from clinical trials that gives you a good picture of how well a treatment may work for patients like you.

Common Fears & Worries

I’M AFRAID OF WHAT I DON’T KNOW.

Don’t be afraid to ask the question for fear of the answer. You need the knowledge to empower yourself in the decision-making process.

I’M SCARED TO TELL MY CARE TEAM HOW I’M REALLY FEELING.

It’s normal to feel scared. Tell your care team how you’re really feeling, and that includes all of your feelings, emotional and physical. They can’t help you if they don’t know about it.

I’M AFRAID THAT MY CARE TEAM WILL GIVE UP ON ME BEFORE I’M READY TO GIVE UP.

Your healthcare team is there to work with you for your survivorship, the way you want it.



Watch To Learn More

A **DIAGNOSIS OF NSCLC** may be accompanied by an almost overwhelming amount of information. To help make the education process easier, several care team experts from around the country participated in a patient education video. The video provides more details about the information covered within this guide, as well as detailed information about:

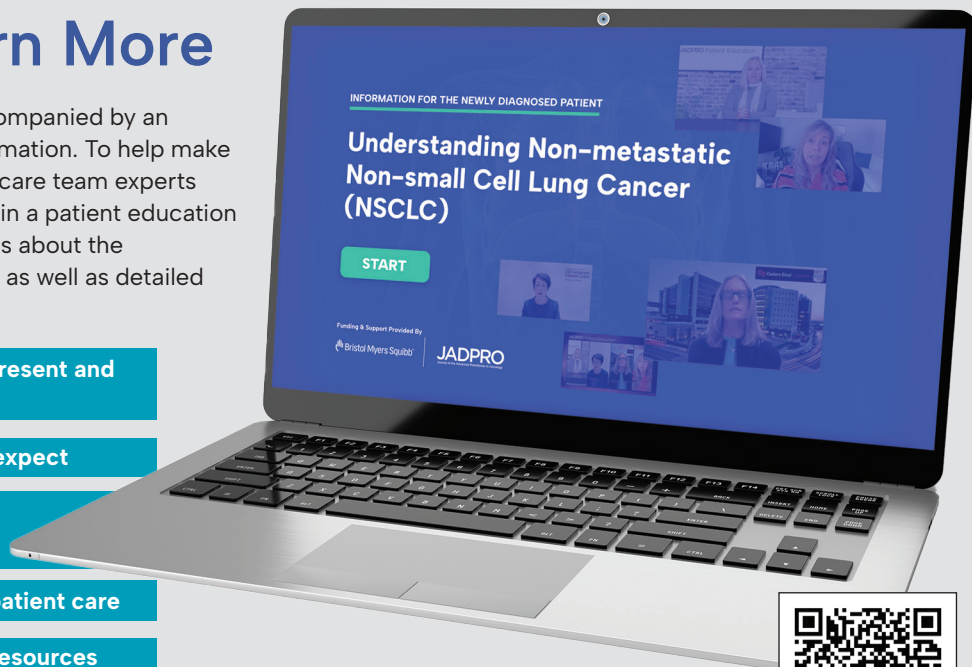
Testing to see what biomarkers are present and may be helping to drive the cancer

Pre-surgical testing patients should expect

Shared decision making and why it is important for selection of treatment

The impact of clinical trials on daily patient care

Patient advocacy organizations and resources



Several interactive components in the video help patients learn key terms and understand important information related to your non-metastatic NSCLC.

Odds of Developing Lung Cancer



1 in 16



1 in 17

American Cancer Society. Key Statistics for Lung Cancer. <https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html>

BLACK MEN are about **12% more likely to develop lung cancer** than White men

BLACK WOMEN are about **16% less likely to develop lung cancer** than White women

JADPRO Patient Education



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