



This NCCN QUICK GUIDE™ sheet summarizes key points from the complete [NCCN Guidelines for Patients®: Lung Cancer – Metastatic](#). These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit [NCCN.org/patients](http://NCCN.org/patients) or, to order printed copies, visit [Amazon.com](http://Amazon.com)

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### What is metastatic lung cancer?

It is a cancer of cells from the lungs. Most lung cancers are formed from cells that don't look small (non-small cells). Metastatic lung cancer has spread to body parts far from the lung in which it started.	<b>8</b>
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### What health care is given before treatment?

■ A report of your health history and an exam of your body	<b>14</b>
■ Treatment to quit smoking as needed	<b>15</b>
■ Blood tests to count blood cells and levels of chemicals	<b>15</b>
■ Pictures of the insides of your chest and belly area with CT scans	<b>16</b>
■ PET/CT scan as needed	<b>16</b>
■ Brain MRI	<b>16</b>
■ Removal of small tissue samples to test for cancer	<b>17</b>
■ Testing of markers— <i>EGFR</i> , <i>ALK</i> , <i>ROS1</i> , and <i>BRAF V600E</i> —for adenocarcinomas, large cell, and another rare subtypes and sometimes for squamous cell carcinomas	<b>18</b>
■ Testing of the marker—PD-L1—for all types of lung cancer	<b>19</b>
■ Lung function tests as needed	<b>20</b>
■ Supportive care	<b>20</b>

## What are treatment options if a marker is present?

<b>EGFR mutation</b>	<ul style="list-style-type: none"> <li>■ Osimertinib (preferred), erlotinib, afatinib, gefitinib, or dacomitinib</li> </ul>	<b>24</b>
<b>ALK gene rearrangement</b>	<ul style="list-style-type: none"> <li>■ Alectinib (preferred), brigatinib, ceritinib, or crizotinib</li> </ul>	<b>26</b>
	<ul style="list-style-type: none"> <li>■ Lorlatinib</li> </ul>	
<b>ROS1 gene rearrangement</b>	<ul style="list-style-type: none"> <li>■ Crizotinib (preferred) or ceritinib</li> </ul>	<b>28</b>
	<ul style="list-style-type: none"> <li>■ Lorlatinib</li> </ul>	
<b>BRAF mutation</b>	<ul style="list-style-type: none"> <li>■ Dabrafenib + trametinib</li> </ul>	<b>29</b>
<b>NTRK gene fusion</b>	<ul style="list-style-type: none"> <li>■ Larotrectinib</li> </ul>	<b>29</b>
<b>PD-L1 ≥1%</b>	<ul style="list-style-type: none"> <li>■ Pembrolizumab without or with chemotherapy</li> </ul>	<b>30</b>
	<ul style="list-style-type: none"> <li>■ Atezolizumab + chemotherapy + bevacizumab for some cancers</li> </ul>	

## What are treatment options if markers are absent or unknown?

<b>Adenocarcinoma, large cell, unknown types</b>	<ul style="list-style-type: none"> <li>■ Pembrolizumab + chemotherapy</li> </ul>	<b>33</b>
	<ul style="list-style-type: none"> <li>■ Atezolizumab + chemotherapy + bevacizumab</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Chemotherapy with or without bevacizumab</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Nivolumab or pembrolizumab or atezolizumab</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Ramucirumab + docetaxel</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Supportive care</li> </ul>	
<b>Squamous cell carcinoma</b>	<ul style="list-style-type: none"> <li>■ Pembrolizumab + chemotherapy</li> </ul>	<b>33</b>
	<ul style="list-style-type: none"> <li>■ Chemotherapy</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Nivolumab or pembrolizumab or atezolizumab</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Ramucirumab + docetaxel</li> </ul>	
	<ul style="list-style-type: none"> <li>■ Supportive care</li> </ul>	

## How can you decide between options?

<ul style="list-style-type: none"> <li>■ Don't be shy and ask your doctors questions. They are there to help.</li> <li>■ Get a second opinion. Even doctors get second opinions.</li> <li>■ Support groups can be helpful. You can learn a lot from others.</li> <li>■ Compare the pros and cons of each option.</li> </ul>	<b>37</b>
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