

Non-Small Cell Lung Cancer



Treatment Options

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete *NCCN Guidelines for Patients®: Non-Small Cell Lung Cancer*. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com.

NCCN Guidelines for Patients®
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How do doctors choose treatment options?



Treatment options for lung cancer greatly depend on the cancer stage. Options for one or more related tumors are listed next. Besides treatment, ask for supportive care. You can get help for symptoms, managing your care, deciding your treatment, and more.	57
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What are the options for stage I?

<ul style="list-style-type: none"> ■ Surgery to remove the cancer and lymph nodes. Then, more surgery or radiation therapy if it's likely that not all the cancer was removed. If stage IB, chemotherapy may be added to either option. ■ Radiation therapy, and if stage IB, maybe chemotherapy, too. 	58
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What are the options for stage II?

No growth of tumor into other tissues (No invasion)	<ul style="list-style-type: none"> ■ Surgery to remove the cancer and lymph nodes. Then, chemotherapy if chances are low that cancer remains. If high, surgery with or without chemotherapy or chemoradiation alone. ■ Radiation therapy and maybe chemotherapy, too. ■ Chemoradiation alone 	62
Superior sulcus tumor	<ul style="list-style-type: none"> ■ Chemoradiation then surgery then chemotherapy. ■ Chemoradiation alone 	64
Growth of tumor into other tissues (Invasion)	<ul style="list-style-type: none"> ■ Surgery to remove the cancer and lymph nodes. Then, chemotherapy if chances are low that cancer remains. If high, surgery with chemotherapy or chemoradiation alone. ■ Chemoradiation or chemotherapy followed by surgery. You may have a second surgery if not all of the cancer was removed. ■ Chemoradiation alone 	64



What are the options for Stage III?

<p>No growth of tumor into other tissues (No invasion)</p>	<ul style="list-style-type: none"> ■ Surgery to remove the cancer and lymph nodes. Then, chemotherapy if chances are low that cancer remains. If high, you may have chemoradiation. ■ Chemotherapy then surgery. Radiation therapy may be received before or after surgery. More chemotherapy may follow surgery. ■ Chemoradiation alone 	<p><u>68</u></p>
<p>Superior sulcus tumor</p>	<ul style="list-style-type: none"> ■ Chemoradiation then surgery then chemotherapy. ■ Chemoradiation then more chemotherapy. ■ Chemoradiation alone 	<p><u>72</u></p>
<p>Growth of tumor into other tissues (Invasion)</p>	<ul style="list-style-type: none"> ■ Surgery to remove the cancer and lymph nodes. Then, chemotherapy if chances are low that cancer remains. If high, surgery with chemotherapy or chemoradiation alone. ■ Chemoradiation or chemotherapy then surgery. You may have a second surgery if not all of the cancer was removed. ■ Chemoradiation alone 	<p><u>74</u></p>

What are the options for widespread Stage IV?

<p>Abnormal EGFR</p>	<ul style="list-style-type: none"> ■ Erlotinib or afatinib. 	<p><u>78</u></p>
<p>Abnormal ALK</p>	<ul style="list-style-type: none"> ■ First, crizotinib and if it fails, then ceritinib. 	<p><u>80</u></p>
<p>Normal or unknown EGFR or ALK status</p>	<ul style="list-style-type: none"> ■ Chemotherapy and if the cancer grows, try another chemotherapy. Drugs that stop cancer from getting food may be added. An immune-boosting drug is sometimes an option. ■ Supportive care if chemotherapy will be harmful. 	<p><u>82</u></p>

Are multiple unrelated tumors treated the same?

<p>Surgery is preferred to try to cure. Otherwise, treatment is the same as for stage IV.</p>	<p><u>90</u></p>
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How do I decide between options?

<p>Ask your doctors many questions. Also, you could get a second opinion, attend support groups, and compare pros and cons.</p>	<p><u>97</u></p>
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