

WHAT YOU SHOULD KNOW ABOUT

Advanced Non–Small Cell Lung Cancer

Learning the basics of non–small cell lung cancer

If you or a family member has been diagnosed with non–small cell lung cancer (NSCLC), this brochure will provide information that can help you learn about the disease and focus on what matters most to you. Whether you have lung cancer or are helping to care for a loved one who is diagnosed with the disease, you are taking a positive step by learning about NSCLC and taking an active role in its treatment.

On the next pages, you will find information about NSCLC, the most common type of lung cancer. You will also find information and suggestions about how to speak with your health care team. Remember, always discuss any questions you may have with your doctor and health care team, and keep this resource on hand to refer back to as you gather important information throughout your journey.



Your treatment glossary:

Boldface words are defined in the glossary on pages 14 to 15. If there are words about your condition or your treatment that you do not understand, ask your doctor or health care team to explain them further.

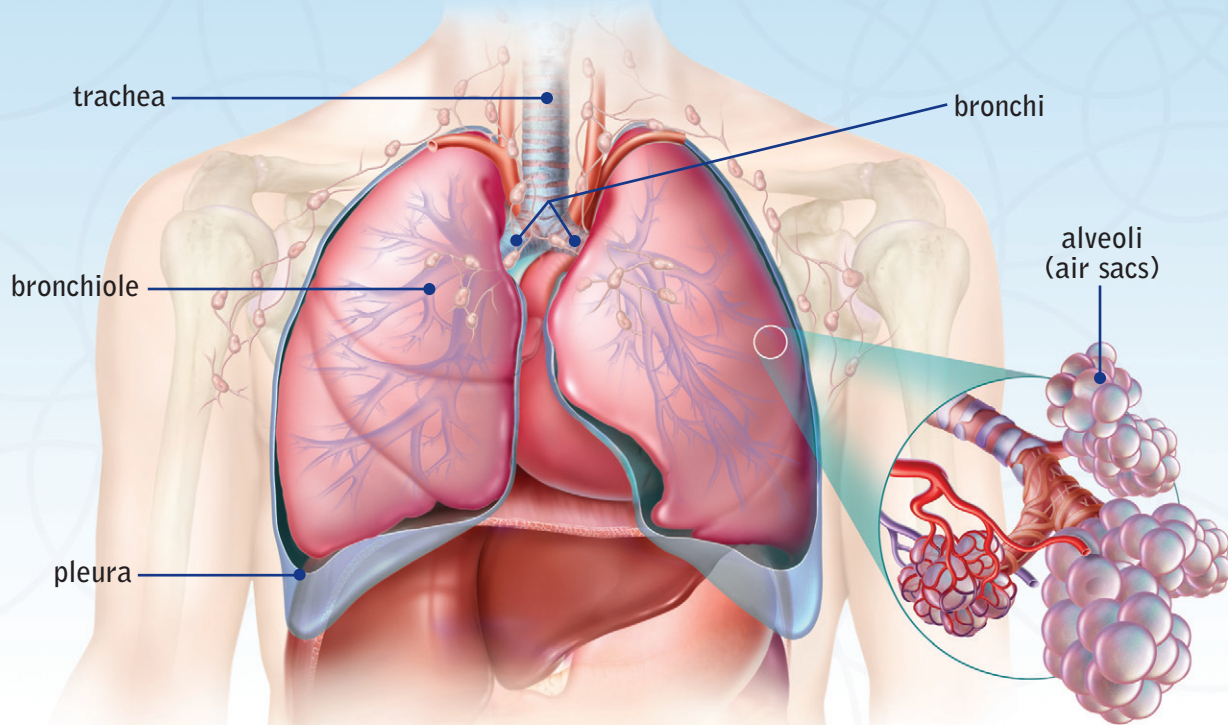
What is non–small cell lung cancer (NSCLC)?



Understanding your lungs

As you learn about NSCLC, it's helpful to know what your lungs do and how they work. The lungs are an important organ because they bring oxygen into your body and get rid of carbon dioxide, a waste product. They are two sponge-like, cone-shaped organs in your chest that are divided into **lobes**, or sections. The right lung has three lobes and the left lung has two, due to the heart taking up more room on that side of the body. Surrounding the lungs is a protective lining called the **pleura**, which allows the lungs to move during breathing. When you breathe in, air enters your body through your nose or mouth, then passes through your windpipe (**trachea**). Air then travels through two tubes called **bronchi** (each tube separately is called the bronchus). The bronchi then divide into smaller branches called **bronchioles**. At the end of the bronchioles are tiny air sacs known as **alveoli**.

What is non-small cell lung cancer (NSCLC)? (continued)



Understanding NSCLC

NSCLC usually begins as a small cluster of cells that grows in the lining of the bronchi, although it can also begin growing in other parts of the lung. These cancer cells then divide without control, forming a growth, or **primary tumor**. As the primary tumor grows, cancer cells can break away and spread through the blood or **lymph system** to nearby organs. In addition, fluid usually containing cancer cells can build up in the space surrounding the lungs, causing a collection of fluid called a **pleural effusion**. This spreading of cancer cells and/or

collection of fluid may sometimes be referred to by your health care team as stage IIIB NSCLC.

Cancer cells can also spread to distant sites, such as the liver, brain, or bones. This spreading of cancer is called **metastasis** and may sometimes be referred to by your health care team as advanced, metastatic, or stage IV NSCLC. Even though the cancer has spread to a new part of the body, the cells come from the original primary lung cancer, so it is still considered NSCLC.

What are the types of NSCLC?

Most lung cancers (about 85%) are classified as non-small cell lung cancers and tend to spread more slowly than small cell lung cancer. Non-small cell lung cancer is divided into three main subtypes based on the kind of cells found in the cancer. The **tumor** may differ in size, shape, and location depending on the subtype.

Squamous cell carcinoma: Cancer that begins in squamous cells and tends to be found near the bronchus

Adenocarcinoma: Cancer that is usually found in the tissues of the lung

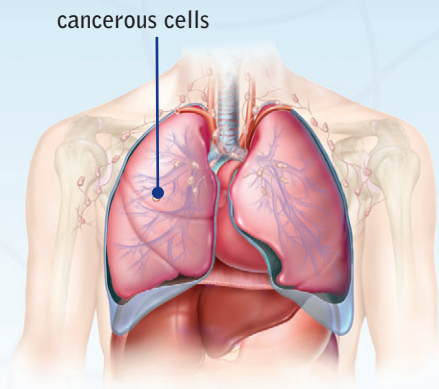
Large cell undifferentiated carcinoma: Cancer that can start in any part of the lung and often grows and spreads quickly; cells are large and look abnormal under a microscope

The type of NSCLC that you have may make a difference in the type of treatment your doctor recommends.



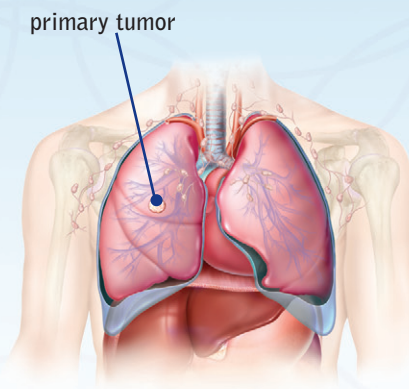
What are the stages of NSCLC?

Stages are determined by the size of the cancer, **lymph node** involvement, and extent of spreading. The stage of NSCLC is one of the most important factors in selecting treatment options. If you have any questions about your stage, ask your health care team, “Has the cancer spread to other parts of my body? If so, where?”



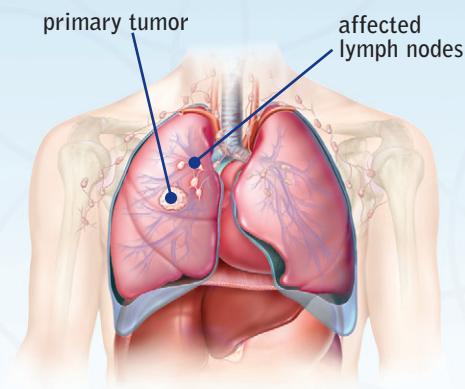
Stage 0

Lung cancer that is found only in the layer of cells lining the air passages



Stage I

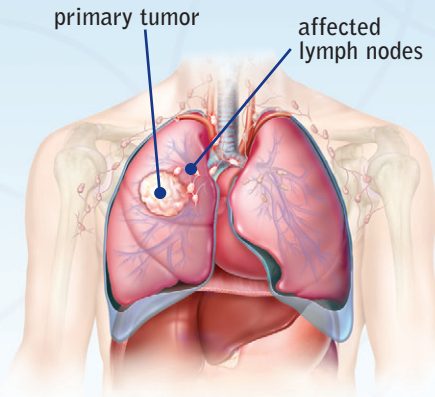
Tumor is small in size and has not spread to membranes surrounding the lungs. The cancer has not spread to **lymph nodes** or any other distant organs



Stage II

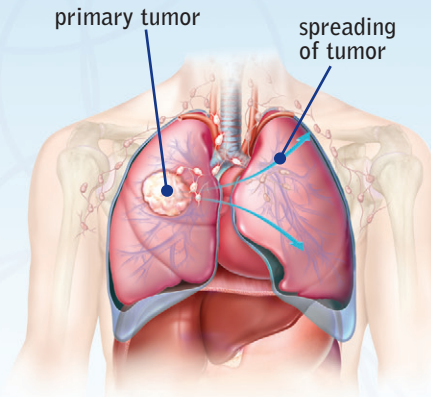
Tumor has spread to the lymph nodes within the cancerous lung but not to any distant sites

What are the stages of NSCLC? (continued)



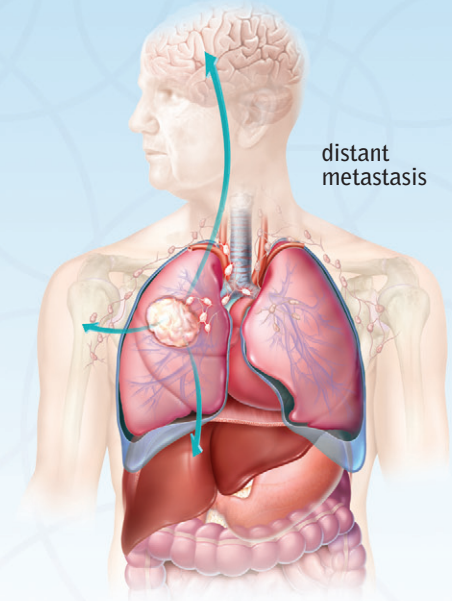
Stage IIIA

Tumor has spread to nearby lymph nodes on the same side of the chest as the primary tumor



Stage IIIB

Tumor has spread to the opposite side of the chest from the primary tumor, or a collection of fluid is present (pleural effusion)



Stage IV

Cancer that has spread to distant parts of the body, such as the liver, brain, or bones

You're unique, and so is your cancer

Whether you have cancer for the first time, or if it has come back—you are unique, and so is your cancer. This means that you will need to talk about your health and personal goals with your doctor and health care team to make sure that you are getting the maximum benefit from each and every medicine you decide to take. Some factors that may influence the type of treatment you and your health care team decide to choose include

- Stage of cancer
- Subtype of cancer
- Your physical health
- Prior treatment
- Your personal and treatment goals



Your health care team wants to know

Your health care team, which includes your oncologist, your primary care doctor, nurses, and your family members, plays a vital role in your treatment. When discussing and creating a plan to fight your cancer, **be sure to tell your health care team how you feel.** Let them know what you think about the therapies available to you. Every person approaches treatment differently, so try to work with your health care team to come up with the right plan for you.

Taking an active role

Even though you have NSCLC, you still have a life to live. Taking an active role means doing everything you can do to feel better and to manage your treatment goals and plans. Here's how you can start:

- 1. Understand your treatment.** Know the anticancer treatments you are given and what to expect. Keep a record of your medicines, when to take them, and the possible side effects. Work with your doctor and health care team—ask questions so that you can understand how your medicines work. See the example questions on page 11 to get started.
- 2. Talk to your doctor about your treatment goals.** Share your medical history with your doctor, and share your goals for treatment. Some discussions may feel uncomfortable because you are sharing personal information, but being honest about what you want from your treatment can help ensure that you get the best treatment available for you.
- 3. Keep track of how you're feeling, and let your health care team know about it.** Keeping a notebook can help you understand how you are feeling and can help you keep track of changes in your health. Write down side effects you notice and then talk to your doctor or nurse. Knowing how you're doing on treatment can help your health care team provide the best care for you.
- 4. Stay involved in all decision making.** Learn as much as you can about lung cancer by seeking out information or talking with other people with NSCLC. The following pages have contact information to help you learn more about NSCLC. Knowing more about your disease will help you and your health care team make the best possible treatment decisions for you.

Staying on therapy



Doing everything you can do to get the most out of your therapy includes following your treatment plan as closely as possible. This means sticking to your doctor's directions and staying on therapy for as long as needed.

If you experience a side effect that makes it difficult to stay on therapy, talk to your doctor or health care team about figuring out a way to make it easier. A member of your health care team may be able to help you manage a side effect that bothers you or that does not go away, such as nausea or vomiting.

Questions to ask your health care team

Having open, honest discussions with your health care team means asking questions and understanding what will happen before, during, and after your treatments. Always discuss with your health care team any questions you have about cancer therapy. Here are a few questions to help you get started:



1. Which treatments will I be receiving, and what will they do?
2. What can I do to take care of myself during treatment?
3. Should I change my diet?
4. How often will I receive treatments?
5. Where will I go for treatment?
6. How long will I be on treatment?
7. How will I know if the treatment(s) is (are) working?
8. Which side effects should I look for?
9. Who do I call if I want more information and support?

Support



Many people living with cancer find that they can learn and get the support they need when they read about cancer or talk to others who are also living with cancer. Here are some ways to get and give support:

- Join a support group, either in person or on the Web
- Volunteer to help others with lung cancer—offer your story
- Become a lung cancer educator or speaker
- Attend social events to meet other people who are living with lung cancer

Where to find support groups

Many national organizations offer local and online support groups for people with cancer and their family members or friends. Some places to start your search for a local group include:

American Lung Association

Provides information on lung disease, research, and statistics, plus local programs and events.

1-800-LUNGUSA (1-800-586-4872)

www.lungusa.org

Lung Cancer Alliance

Programs include an information and referral service, a peer-to-peer support network, and a national education and advocacy campaign.

1-800-298-2436

www.lungcanceralliance.org

National Lung Cancer Partnership

Provides educational materials, inspirational stories and blogs, information on clinical trials, and additional resources.

1-608-233-7905

www.nationallungcancerpartnership.org

The Lung Cancer Online Foundation

A directory of Internet information, services, support, and research for patients and families.

www.lungcanceronline.org

Local hospitals and cancer clinics are also good sources for finding support groups. Doctors, nurses, and hospital social workers may have information about support groups, such as their location, size, type, and how often they meet. Hospitals also have social services departments that usually can provide information about cancer support programs.

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Glossary

Adenocarcinoma: Cancer that begins in the cells that line certain internal organs. In NSCLC, it is usually found in the tissues of the lung. (See page 5.)

Alveoli: Tiny air sacs in the lungs found at the end of the bronchioles. (See page 3.)

Bronchi: The two main air passages leading from the windpipe (trachea) to the lungs. The bronchi provide a passage for air to move in and out of the lungs. (See page 3.)

Bronchiole: One of the smaller subdivisions of the bronchi. (See page 3.)

Large cell undifferentiated carcinoma: A group of cancers in which the cells are large and look abnormal when viewed under a microscope. (See page 5.)

Lobes: Sections found in the lungs. The right lung has three lobes and the left lung has two. (See page 3.)

Lymph nodes: Small, bean-shaped collections of immune system cells that help fight infection and have a role in fighting cancer. (See page 6.)

Lymph system: The tissues and organs that produce, store, and carry white blood cells that fight infections and other diseases. (See page 5.)

Metastasis (metastatic): The spread of cancer from the primary site or origin to distant sites in the body. (See page 5.)

Pleura: The lining around the lungs that helps protect them and allows them to move during breathing. (See page 3.)

Pleural effusion: Collection of fluid usually containing cancer cells in the space between the lining of the lung (pleura) and the chest wall. (See page 5.)

Primary tumor: The original tumor (eg, a primary lung tumor is one that first appears in the lung, unlike a metastatic tumor, which develops in a different location if cancer cells from the primary tumor spread). (See page 5.)

Squamous cell carcinoma: Cancer that begins in squamous cells, which are found in the tissue that forms the surface of the skin, the lining of hollow organs of the body, and the passages of the respiratory and digestive tracts. (See page 5.)

Trachea: Also known as the windpipe, the trachea serves as the main passage for air into the lungs. (See page 3.)

Tumor: An abnormal lump or mass of tissue that can be cancerous (malignant) or noncancerous (benign). (See page 5.)

Some of the glossary definitions were adapted from the National Cancer Institute's *Dictionary of Cancer Terms*.

Resources

Need more information about NSCLC? Don't know what some of the terms mean?
Explore the links below and see the glossary on pages 14 to 15.

American Cancer Society

Cancer information services, community programs,
and research and advocacy resources.
1-800-ACS-2345 (1-800-227-2345)
www.cancer.org

National Cancer Institute

Current information about cancer, clinical trials,
and resources.
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

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