**LUNG CANCER SCREENING**

If you or someone you know is 50 years or older and have smoked cigarettes in the past, please talk to your doctor about accessing a lung cancer screening. It’s very easy (just a 30-40 second CAT scan) and could save your life.

**3 THINGS FOR NEWLY DIAGNOSED NSCLC PATIENTS**

1. Get a biopsy to confirm diagnosis
2. Talk to your doctor about CAT or PET scans or other radiology tests to determine if cancer has spread to other parts of the body
3. Ask if genetic testing will be performed, this should be standard of care for adenocarcinoma or advanced stages

**NSCLC TREATMENT OPTIONS**

- **Chemotherapy**: purpose to kill dividing cancer cells
- **Targeted therapy**: drugs that go after a target or marker on the cancer cell. These markers are found through genetic testing
- **Immunotherapy**: Treatments that try to convince the body’s own immune system to fight the cancer. This type of treatment could be harmful to patients who have medical conditions where the immune system is very active, like rheumatoid arthritis, Crohn’s disease, or psoriasis

Your doctor will look at what type of NSCLC you have, where it is in your body, and what markers are on the tumor to determine the most aggressive or likely to work combination of treatments for you.

**EMERGING NSCLC TREATMENTS**

- Vaccines that could help prevent or be personalized to treat an individual’s specific type of lung cancer
- Antibody drug conjugates are a smarter way of delivering chemotherapy. The antibody attaches to a target on the cancer cell and targets the chemotherapy directly to the cancer cell
- Neoadjuvant treatment means using an immune therapy before or after a surgery. Shown to improve outcomes of surgery or outcomes of cancer not recurring

**NSCLC EXPERT TIPS**

**[ACT]IVATION TIP**: "Ask your doctor if immune therapy, targeted therapy, or chemotherapy are appropriate for your cancer. And if not, why not? There’s probably a good reason if they’re not recommending one of those things, but make sure that you understand why you’re getting the treatment recommendation that you are." - Dr. Lecia Sequist

**[ACT]IVATION TIP**: "If surgery has been recommended to you for lung cancer, ask if you should be getting any treatment before the surgery, because treatment before surgery is what a lot of the newer clinical trials are looking at." - Dr. Lecia Sequist

**[ACT]IVATION TIP**: "Talk to your doctor about whether you should get genetic testing, either of your cancer cells or of your familial genetic background. Sometimes the answer will be yes to both those." - Dr. Lecia Sequist

**[ACT]IVATION TIP**: "Bring someone else when you go to the oncologist’s office. It’s always best to have another pair of ears listening to the information that’s being presented to you, but also to get another viewpoint about how this treatment could work in your life and to think of other questions to ask." - Dr. Lecia Sequist

**NSCLC FACTS**

- 80% to 85% of lung cancers are NSCLC
- Most common types of NSCLC are squamous cell carcinoma, large cell carcinoma, and adenocarcinoma
  - Treatment team often consists of a medical oncologist, radiation oncologist, and surgeon

**NSCLC RESOURCES**

- Go2 for Lung Cancer
- CancerCare
- Cancer Grace
- Family Reach
- LUNGevity
- Cancer Support
- Community
- Triage Cancer

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