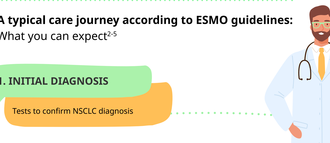
Talk Lung Cancer...

A summary of European Society for Medical Oncology (ESMO) guidelines for non-small cell lung cancer (NSCLC). This leaflet is intended for patients with lung cancer and their carers.

Understanding how NSCLC is diagnosed and treated will help you better understand your care options so you can make informed decisions with your doctor. This leaflet explains some of your options and what to expect on your journey.[1]

The **ESMO Clinical Practice Guidelines** are a set of recommendations for healthcare professionals on how to diagnose and treat people with cancer. They are important to ensure every person with cancer receives the best possible care.

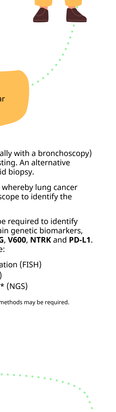
NSCLC is the most common type of lung cancer, accounting for 80%–90% of cases.[2]
It can be diagnosed at different stages:[2,3]



Early (Stage I) | **Early** (stage II) | **Locally advanced** (stage III) | **Advanced (metastatic)** (stage IV)

The treatment and care you receive will primarily depend on the stage of NSCLC, as well as other factors.[2,3] ***Find out more about NSCLC and other types of lung cancer here.***

A typical care journey according to ESMO guidelines:
What you can expect[2-5]



1. INITIAL DIAGNOSIS

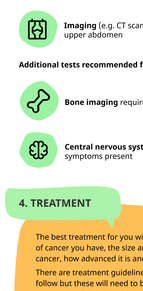
Tests to confirm NSCLC diagnosis

Different approaches are used to examine and confirm the diagnosis of NSCLC depending on the tumour location:

- **Bronchoscopy**
- **Fibreoptic bronchoscopy**
- **Endobronchial ultrasound (EBUS)** and/or **endoscopic ultrasound (EUS)** to evaluate lymph nodes
- **Transthoracic fine needle aspiration** (passing a needle through skin of chest) and/or a biopsy (removing sample of cancer cells), usually guided by CT scans
- **Surgical approaches** (mediastinoscopy, mediastinotomy, thoracoscopy etc.)

2. FURTHER DIAGNOSTIC TESTS

Pre-treatment tests to identify NSCLC subtype and molecular status to guide treatment decisions



Adequate tissue from biopsy (usually with a bronchoscopy) should be obtained for further testing. An alternative sample may be collected by a liquid biopsy.

A pathological test will take place, whereby lung cancer cells are examined under a microscope to identify the NSCLC subtype.

Other testing methods may also be required to identify the presence (or absence) of certain genetic biomarkers, such as **EGFR**, **T790M**, **ROS1**, **BRAG**, **V600**, **NTRK** and **PD-L1**. Tests for these biomarkers include:

- Fluorescence in situ hybridization (FISH)
- Immunohistochemistry (IHC)
- Next-generation sequencing* (NGS)

*NGS is preferred if available. Several testing methods may be required.

3. STAGING & RISK ASSESSMENT

Pre-treatment tests to determine tumour stage and general health

General/medical history: complete medical examination must be recorded, including:

- Medical history, existing conditions, weight, smoking history, performance status (PS) and physical examination
- Laboratory tests, including routine blood tests and routine liver, kidney and bone biochemistry tests

Staging: NSCLC grouped into different categories according to tumour characteristics:

- Location
- Size
- Whether it has spread (metastasised) or not

Choice of treatment determined by:

Staging

Cardiopulmonary function tests to measure cardiac and lung fitness and determine surgery risk (FVC, FEV1, DLCO, ECG)

Imaging (e.g. CT scan) to rule out metastasis. Likely to include chest and upper abdomen

Additional tests recommended for advanced disease:

Bone imaging required if bone metastases suspected

Central nervous system (CNS) imaging required if neurological symptoms present

4. TREATMENT

The best treatment for you will depend on the type of cancer you have, the size and position of your cancer, how advanced it is and your overall health.[6]

There are treatment guidelines for specialists to follow but these will need to be adjusted based on your needs. This is why a team of health professionals will be involved in your diagnosis, to assess you properly and decide on a plan for the best treatment.[6]

Here are some examples of treatments your specialists may choose depending on your situation:

1. **Surgery:** This is chosen to remove a primary tumour, for example from the lung, or to remove other cancerous cells that have spread to form a tumour nearby or in another part of the body.
2. **Chemotherapy:** This includes platinum-based chemotherapy.
3. **Radiation therapy:** This can help manage symptoms or as part of a curative treatment regimen.
4. **Targeted treatments:** Treatments are considered targeted if certain biomarkers are present.
5. **Immunotherapy:** This therapy helps the immune system fight the disease.
6. **Minimally invasive procedures:** These procedures can be used during diagnosis and to treat symptoms.[7]
7. **Palliative care:** This can help improve quality of life in those who have serious or life-threatening disease.

Note: Treatments may be given on their own or with another treatment.

Treatment combinations are tailored to a patient's individual circumstances. Not all treatment options listed may be appropriate.

5. FOLLOW-UP

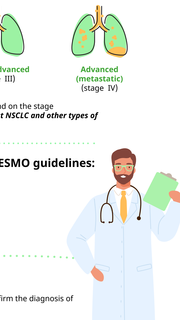
Monitoring for treatment-related complications and return of cancer

Early and localised NSCLC:
Check-up every 6 months for 2 years and thereafter annually.

Advanced NSCLC:
Check-up at least every 6–12 weeks after first treatment.

Note, these are guidelines only. Every person with NSCLC will experience different care journeys.

The importance of shared decision making



Biomarker testing is key to help you and your doctor get as much information about your lung cancer, so you can develop treatment plans that are specific to it.[8,9] Ask your doctor if biomarker testing is appropriate for you. **To find out more about living with lung cancer and biomarker testing for lung cancer, visit the Talk Lung Cancer website.** If you are unsure about anything, always reach out to your care team.

References

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