



1 STEP AT A TIME

An information brochure for people diagnosed with **early-stage Non-Small Cell Lung Cancer (NSCLC)** who are preparing for or have already had surgery

This brochure is provided by AstraZeneca and was developed in collaboration with the thoracic surgery departments of Inselspital Bern, Kantonsspital Winterthur, Stadtspital Zürich Triemli* and Hôpital du Valais*





What's inside:

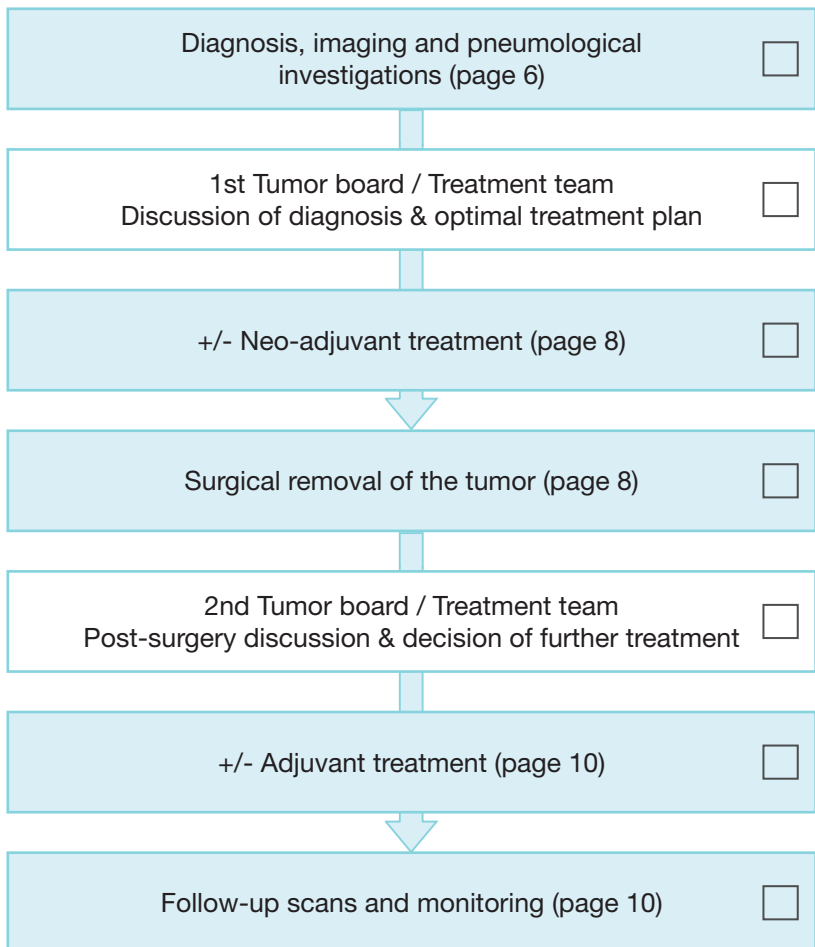
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Overview of your treatment plan

As you move forward with treatment, you will work closely with a team of healthcare professionals who will combine their expertise to develop a treatment plan that is best for you.

Your treatment plan will depend on a number of factors, including the type of lung cancer you have, the tumor's size and location, your overall health, and your medical history.

Your treatment plan may include:



Your treatment team may include

- **Thoracic Surgeon**
Performs major surgical procedures on the lungs.

- **Pneumologist**
Specializes in the diagnosis and treatment of lung disease.

- **Medical Oncologist**
Manages your cancer treatment using medications and collaborates with other doctors on the best treatment options.

- **Radiation Oncologist**
Specializes in using high-energy radiation from x-rays or other particles to destroy cancer cells and shrink tumors.

- **Oncology Nurse**
Specializes in treating and caring for people with cancer. Manages pain, side effects, and quality of life for the person with cancer.

- **Psycho-Oncologist**
Can support you in mentally coping with your diagnosis, disease and treatment

Your contacts

- **Thoracic Surgeon:** _____
- **Medical Oncologist:** _____
- **Clinical Nurse / Other contact:** _____

Your appointments

- **Your next scheduled appointment** (date and purpose):

You will receive a written invitation for the appointment

- **Planned date of your surgery:** _____

Understanding your diagnosis

NSCLC is the most common type of lung cancer



80%-90%
of lung cancer cases are NSCLC

Staging helps determine the best treatment approach

Classifying cancer in stages is a way to describe the size of the cancer, if it has spread beyond the lungs, and if so, where to.

Stage I:

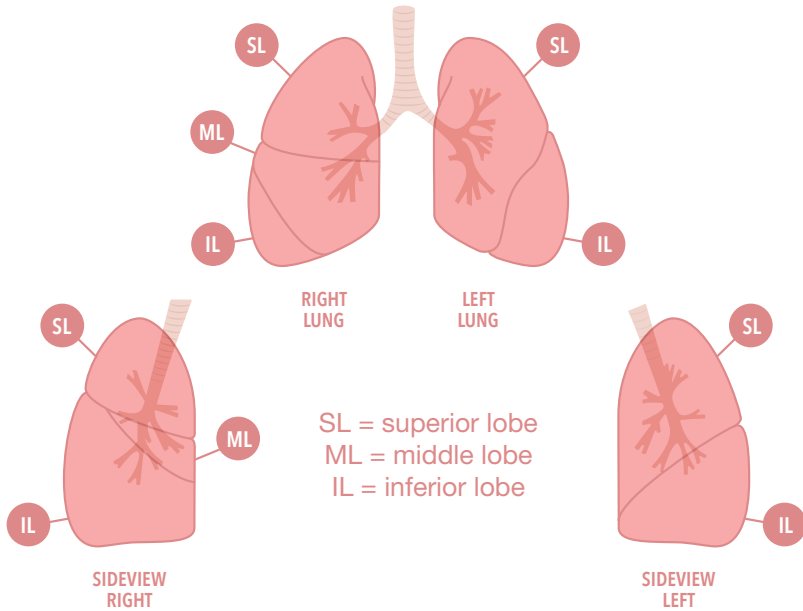
- Cancer is located only in the lung
- Tumor is ≤ 4 centimeters in greatest dimension
No lymph nodes affected
- Surgery is the mainstay of treatment in this stage. In some cases, adjuvant treatment might be indicated. Alternatively, local therapies are available for specific situations.

Stage II:

- Cancer is located in the lung and may have spread to the lymph nodes
- Tumor is ≤ 7 centimeters in greatest dimension
- Adjuvant therapy is usually indicated after surgery

Stage III:

- Cancer is located in the lung, lymph nodes, and structures around the middle of the chest
- Tumor can be larger than 7 cm in greatest dimension
- Systemic therapy is mainly indicated and can be given either prior to or after surgery



Biomarker/Molecular diagnostic testing is part of a complete diagnosis



Not all lung cancers are the same and when looking at potential treatments, it's important to find out what is driving a tumor's growth. One way of accomplishing this, is with biomarker testing. This can be done as part of a complete diagnosis.

Knowing your lung cancer type as soon as possible is important because it can help your doctor determine the best treatment to help prevent your lung cancer from coming back.

If you are having surgery, biomarker testing may be done during this stage. It may also be done through a biopsy during diagnosis.

1 STEP TO TAKE

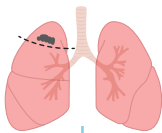
Discuss your lung cancer diagnosis in detail with your doctor and ask if they plan on testing for biomarkers before, during, or after surgery.

You may receive treatment before surgery (neo-adjuvant therapy)

In some cases, chemotherapy or chemoradiation will be used before surgery to shrink the tumor. This is called neo-adjuvant therapy or treatment

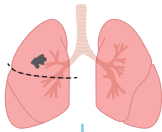
Surgery for lung cancer

Surgical removal of a tumor may be the best option for people diagnosed with early-stage NSCLC. The type of operation will depend on the size and location of the tumor and on how well your lungs are functioning. The surgeon may remove a small portion of the lung, the entire lobe, or the entire lung on one side.



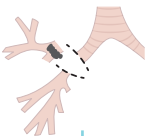
Segmentectomy

Removal of a section of one lobe



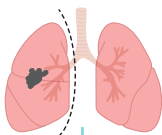
Lobectomy

Removal of one whole lobe of the lung



Sleeve resection

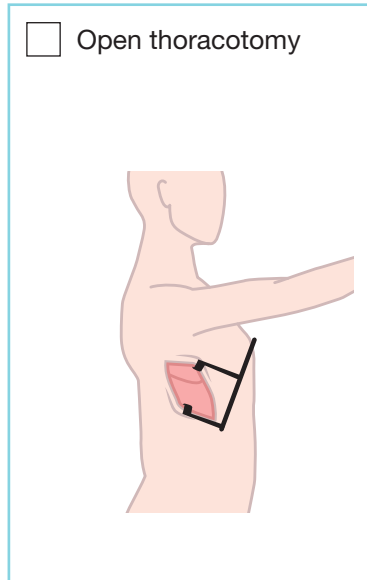
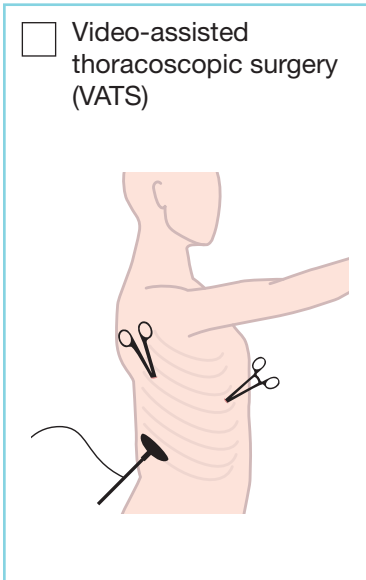
Removal of part of the main bronchus, along with affected lobe



Pneumonectomy

Removal of entire lung on one side

Surgical techniques



What to expect after surgery

Recovery from lung surgery typically takes weeks to a few months, but keep in mind that every individual will recover on his or her own timeline. Make sure that you have a clear idea of what to expect after surgery from your healthcare team.

In case of video-assisted thoracoscopic surgery (1-4 small incisions), the hospital stay is typically around 3-7 days.

After open thoracotomy, patients usually stay a bit longer in the hospital; 5-10 days.

Depending on the extent of surgery, your age, as well as your general state of health, a rehabilitation following your hospital stay might be advisable.

1 STEP TO TAKE

Discuss the surgery and recovery process with your doctor in detail before your procedure so you'll better know what to expect. Feel free to ask questions.

You may receive additional treatment after surgery (adjuvant therapy)

Even after surgery, there is a risk that your cancer will return (this is called a recurrence). To reduce this risk, you and your doctor may decide on adjuvant therapy. Adjuvant therapy is any treatment given after surgery to kill cancer cells that may be left in your body after surgery but are not visible on scans. These could be only a few cells that have spread from the tumor before surgery.

Your doctor may prescribe one or more of the following adjuvant treatments:



Targeted therapy

A targeted therapy is usually an oral treatment that uses drugs or other substances to specifically target and attack certain types of cancer cells. This is only an option if your tumor produces the corresponding target molecule (biomarker, see page 7)



Chemotherapy

Chemotherapy utilizes drugs that kill cancer cells or keep them from growing. Chemotherapy may be given as a pill, injection, or at your clinic via infusion.



Radiotherapy

Uses high-energy radiation from x-rays or other particles to kill cancer cells and shrink tumors.

What happens after

After surgery and potential adjuvant treatment you will receive regular CT scans to make sure there are no further tumors or to catch the cancer early if it comes back.

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STEP TO TAKE

If you are unsure about the follow-up period or adjuvant therapies, request an appointment with your treating physician. Discuss your concerns about maintaining your health, your psychological well-being, and quality of life with your doctor or ask for availability of a psycho-oncologist.



The information in this brochure is provided by AstraZeneca for educational purposes only and should not take the place of talking with your doctor or healthcare professional. It should not be used for diagnosing or treating a health problem or disease. If you have any questions about your medical condition, talk to your doctor.

* The thoracic surgeons from Stadtspital Zürich Triemli and Hôpital du Valais received no fees for their advice in creating this brochure and declare no conflict of interest.

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