

# DECISION AID TOOL

## STAGE III Non-Small Cell Lung Cancer (NSCLC) Cisplatin plus Vinorelbine Chemotherapy after Surgery

This is a **DECISION AID TOOL** for patients who have had surgery to remove non-small cell lung cancer, and are trying to decide whether or not to take adjuvant (post-operative) chemotherapy.

Use of this **DECISION AID TOOL** is voluntary. Before reading this, please discuss with your doctor how you would like to receive medical information (seeing graphs, seeing and hearing numbers, hearing words only, reading words only, etc.)

The first time you read this **DECISION AID TOOL**, your doctor should be present to help you understand the information. However, you may take this form home after reviewing it with your doctor.

You may wish to think about the following before reading the **DECISION AID TOOL** and then talking to your doctor:

Are you willing to view numbers which predict your chances of recurrent lung cancer and death?

No    Yes

*If you check no, it is strongly recommended that you not use this **DECISION AID TOOL**.*

What role do you prefer in making this choice?

- I prefer to share the decision with \_\_\_\_\_
- I prefer to decide myself after hearing the views of \_\_\_\_\_
- I prefer that someone else decides
- If so, who?    Doctor    Spouse/Partner    Children    Other family member(s)
- Other person \_\_\_\_\_

This decision aid tool is derived in part from recommendations in the CCO/ASCO 2007 Adjuvant Chemotherapy and Adjuvant Radiation Therapy for Stages I-III A Resectable Non-Small Cell Lung Cancer Guideline. This decision aid tool is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this decision aid tool are voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines/adjuvantnslc>. Copyright ©2007 by the American Society of Clinical Oncology. All rights reserved.

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

1900 Duke Street, Suite 200 ■ Alexandria, VA 22314 ■ 703.299.0150 ■ [www.asco.org](http://www.asco.org)

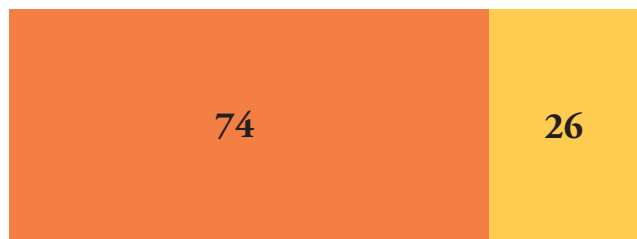
©2007 American Society of Clinical Oncology. For permissions information, please contact ASCO at [permissions@asco.org](mailto:permissions@asco.org).

# ESTIMATED BENEFITS OF CHEMOTHERAPY AFTER SURGERY

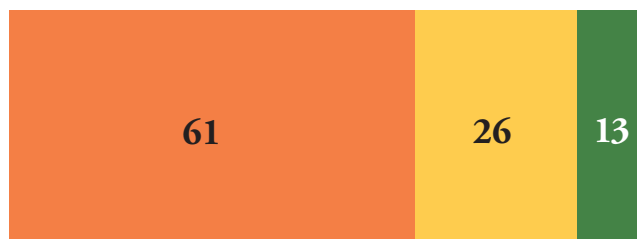
## STAGE III NSCLC Cisplatin plus Vinorelbine Chemotherapy




Please note that there is no guarantee that chemotherapy will help an individual. There is a chance that you have been cured by surgery alone. There is a chance that your cancer may come back no matter what you do.

This first graph represents 100 patients with Stage III NSCLC who have received surgery alone.



This second graph represents 100 patients with Stage III NSCLC who have received surgery, followed by adjuvant chemotherapy. 13 patients out of 100 followed for 5 years are alive because of chemotherapy.



-  Number out of 100 patients have died from cancer at 5 years
-  Number out of 100 patients alive in 5 years because of surgery
-  Number out of 100 patients alive because of chemotherapy at 5 years

A version of Adjuvant! was produced to make estimates of NSCLC patient outcomes with and without adjuvant therapy (1,2,3). ASCO produced its own version of such a tool for the publication of these guidelines.

1. Ravdin PM, Davis GJ. Prognosis of patients with resected non-small cell lung cancer: Impact of clinical and pathologic variables. *Lung Cancer*. 2006 May;52(2):207-12.
2. A computer program designed to assist in NSCLC adjuvant therapy decision making. P. M. Ravdin Abstract — No. 7230, 2006 ASCO Annual Meeting.
3. [www.adjuvantonline.com](http://www.adjuvantonline.com)

This graph was adapted for use in June, 2007 using the following data:

Pignon JB, et al. Lung Adjuvant Cisplatin Evaluation (LACE): A pooled analysis of five randomized clinical trials including 4,584 patients [abstract]. *J Clin Oncol*. 2006;A7008.

Winton T, et al. Vinorelbine plus cisplatin vs. observation in resected non-small-cell lung cancer. *New Engl J Med*. 2005;352(25):2589-97.

Douillard JY, et al. Adjuvant vinorelbine plus cisplatin versus observation in patients with completely resected stage IB-IIIa non-small-cell lung cancer (Adjuvant Vinorelbine International Trialist Association [ANITA]): a randomised controlled trial. *Lancet Oncol*. 2006;7(9):719-27.

### AMERICAN SOCIETY OF CLINICAL ONCOLOGY

1900 Duke Street, Suite 200 ■ Alexandria, VA 22314 ■ 703.299.0150 ■ [www.asco.org](http://www.asco.org)

©2007 American Society of Clinical Oncology. For permissions information, please contact ASCO at [permissions@asco.org](mailto:permissions@asco.org).

# ESTIMATED RISKS OF CHEMOTHERAPY AFTER SURGERY

## STAGE III NSCLC Cisplatin plus Vinorelbine Chemotherapy

The risks are listed in order from most common to least common. There are other potential side effects which are not listed because they occur much less frequently or are unlikely to affect your health or quality of life.

Risk/Side Effect	How likely (estimate)	Comment
<b>USUAL</b>		
Lowering of white blood count	7 out of 10	Reversible, treatable
<b>SOMETIMES</b>		
Fatigue which limits activity	2 out of 10	Reversible
Nausea with or without vomiting	2 out of 10	Reversible, preventable
Risk of vein irritation	2 out of 10	May require placement of a central IV line
<b>RARE</b>		
Anorexia/Appetite loss/Stop eating	1 out of 10	Reversible
Lowering of the red blood count	1 out of 10	Reversible, treatable by transfusion or medicine
Fever and low white blood count/ Possible infection	1 out of 10	May require hospitalization, treatable
Complete hair loss	1 out of 10	Almost all patients experience some hair loss, reversible
Constipation/Bowel movement less than 3 times a week	1 out of 20	Reversible, treatable
Numbness in hands and/or feet which affects daily activities	1 out of 30	May be permanent
Hearing loss	1 out of 30	May be permanent
Kidney damage	1 out of 30	May be permanent
Death due to chemotherapy	1 out of 100	Typically due to low white blood count and infection

These risk estimates were adapted in June, 2007 using the following data:

Winton T, et al. Vinorelbine plus cisplatin vs. observation in resected non-small-cell lung cancer. *New Engl J Med.* 2005;352(25):2589-97.  
 Douillard JY, et al. Adjuvant vinorelbine plus cisplatin versus observation in patients with completely resected stage IB-IIIa non-small-cell lung cancer (Adjuvant Navelbine International Trialist Association [ANITA]): a randomised controlled trial. *Lancet Oncol.* 2006;7(9):719-27.

### AMERICAN SOCIETY OF CLINICAL ONCOLOGY

1900 Duke Street, Suite 200 ■ Alexandria, VA 22314 ■ 703.299.0150 ■ [www.asco.org](http://www.asco.org)

©2007 American Society of Clinical Oncology. For permissions information, please contact ASCO at [permissions@asco.org](mailto:permissions@asco.org).

# THINKING IT OVER

After you have spoken with your doctor, the following page is intended to help you organize your thoughts on your own/ with your family/friends/clergy/other caregivers outside of the doctor's office. Your treatment options include:

- 1) taking chemotherapy      2) watchful waiting

By what date do you need to make a decision whether to take chemotherapy? \_\_\_\_\_

In the following table, use the numbers to show how important each benefit and risk is to you. If you circle the number five, then the risk or benefit matters a lot. If you circle zero, then the risk or benefit matters very little. Finally, make a star or asterisk (\*) in the column next to the benefit and/or risk(s) that you think are most likely to happen.

	How much does this matter? Please circle a number: [0 (none)—5 (a lot)]	What is most likely to happen?
<b>BENEFITS:</b>		
Decreased risk of death due to lung cancer	0 1 2 3 4 5	
Satisfaction in taking more treatment that might help my chance of cure	0 1 2 3 4 5	
<b>RISKS:</b>		
Lowering of white blood count	0 1 2 3 4 5	
Fatigue which limits activity	0 1 2 3 4 5	
Nausea with or without vomiting	0 1 2 3 4 5	
Risk of vein irritation	0 1 2 3 4 5	
Appetite loss/Stopping eating	0 1 2 3 4 5	
Lowering of the red blood count	0 1 2 3 4 5	
Fever and low white blood count	0 1 2 3 4 5	
Complete hair loss	0 1 2 3 4 5	
Constipation/Bowel Movement <3 times per week	0 1 2 3 4 5	
Numbness in hands or feet which affects daily activity	0 1 2 3 4 5	
Hearing loss	0 1 2 3 4 5	

Are you clear about which benefits and risks matter most to you?    No    Yes

Do you have enough support and advice from other people to make a choice?    No    Yes

Are there any people you would like to help you make this decision?

NAME(S): \_\_\_\_\_

Are you choosing your treatment option without pressure from others?    No    Yes

In the following space, write down any other health problems or social issues that you think are important to your decision:

---



---

Is your age an important factor in your decision?    No    Yes

After filling out this page, write any questions you have in the space below:

---



---

**NEXT STEPS:** Talk to other people, and your doctor. Find out what help is available to support your choice (e.g. funds, transportation). Use this page to guide your discussions.

This page adapted from the Ottawa Personal Decision Guide Copyright O'Connor, Stacey, Jacobsen 2004

**AMERICAN SOCIETY OF CLINICAL ONCOLOGY**

1900 Duke Street, Suite 200 ■ Alexandria, VA 22314 ■ 703.299.0150 ■ www.asco.org

©2007 American Society of Clinical Oncology. For permissions information, please contact ASCO at [permissions@asco.org](mailto:permissions@asco.org).