

DECISION AID

STAGE IV

Non-Small Cell Lung Cancer (NSCLC)

Second-Line Chemotherapy

This is a **DECISION AID** for patients who have Stage IV non-small cell lung cancer (NSCLC), and are trying to decide whether or not to take chemotherapy after the first chemotherapy did not work or stopped working¹. The goal of this **DECISION AID** is to help patients and doctors talk to each other in order to make decisions about treatment. It is based on recommendations from the American Society of Clinical Oncology's updated clinical practice guideline on stage IV NSCLC.

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

The **DECISION AID** includes information on the risks and benefits of chemotherapy and is divided into three sections:

1. Information on risks and benefits of chemotherapy
2. Help for thinking through the decision
3. Other issues to consider

The first time you read this **DECISION AID**, your doctor should be present to help you and any family members or friends you would like to include understand the information. However, you may take this document home after reviewing it with your doctor.

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

Are you willing to view numbers or statistics which may predict the course of advanced non-small cell lung cancer?

No Yes

IF YOU CHECK NO, IT IS RECOMMENDED THAT YOU NOT USE THIS DECISION AID.

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
- I prefer to decide on my own

If help is desired, from whom? Doctor Spouse/Partner Children Other family member(s)
 Other person _____

This decision aid tool is derived in part from recommendations in the American Society of Clinical Oncology Clinical Practice Guideline Update on Chemotherapy for Stage IV Non-Small Cell Lung Cancer. 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/nscl>. Copyright © 2009 by the American Society of Clinical Oncology. All rights reserved.

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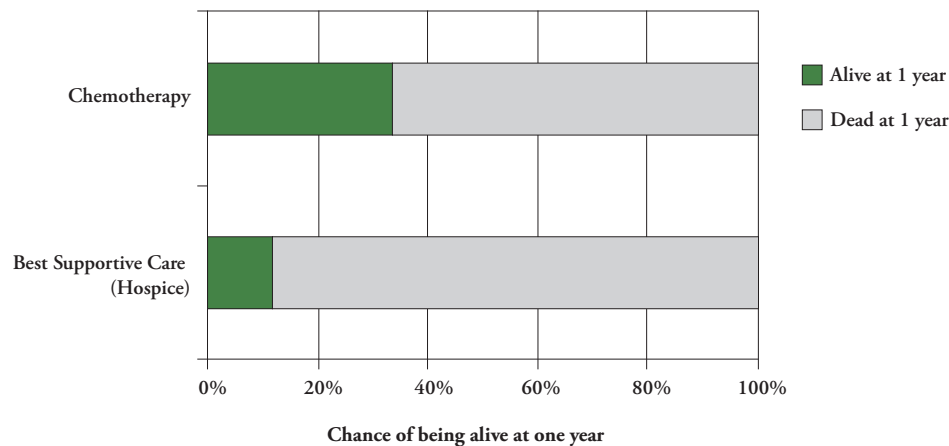
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RISKS AND BENEFITS OF SECOND-LINE CHEMOTHERAPY (treatment after initial treatment)

What are my chances of being alive at one year if I take second-line chemotherapy or do best supportive care?

Second-line chemotherapy refers to the treatment used after the tumor has grown during or after the first regimen used for Stage IV disease. Doctors sometimes tell a patient how long the average patient may live with this disease. It is important to understand that one-half of the patients will do better than this, and half will do worse. Your situation could be better or worse. Remember, you are not a “statistic” and each person has different factors that may affect his/her response. The average number is given only to help you with your own decision-making.

Second-line chemotherapy improves the chance of being alive at one year by 18 out of 100 people. With chemotherapy, 37 out of 100 people were alive at one year. Without chemotherapy, 19 out of 100 people were alive.



What is my chance of being alive at one year if I take one type of chemotherapy versus a different type of chemotherapy?

A number of drugs may be used for second-line chemotherapy: docetaxel, erlotinib, gefitinib, and pemetrexed. One clinical study compared docetaxel and pemetrexed, another study compared docetaxel and gefitinib. The chance of being alive at one year was the same in these trials no matter which drug was given.

Patients receiving docetaxel (Taxotere®) chemotherapy lived about 8 months, versus about 5 months if they did not take chemotherapy. In other words, those who received docetaxel lived 2 to 3 months longer. Patients receiving pemetrexed (Alimta®) also had a life expectancy measured at about 8 months. With either drug, it took about 3 months before the cancer started to grow again.

If you are having cancer-related symptoms that severely limit your daily activities, the chances of being alive at one year are less than that described above.

1. Sources for data in this Decision Aid: Dancey J, *Lung Cancer*, 2004; Hanna N, *JCO*, 2004; Noble J, *J Thorac Oncol*, 2006; National Cancer Institute
2. Supportive Care is “Care given to improve the quality of life of patients....The goal of supportive care is to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, and psychological, social, and spiritual problems related to a disease or its treatment.” Source: National Cancer Institute (www.cancer.gov)

What is the chance of my being cured by chemotherapy?

Unfortunately, at this time there is no known cure (where a person could be sure the cancer would go away and not return) for stage IV NSCLC. The goal of treatment is to control the disease and any symptoms for as long as possible. You may want to talk with your doctor about your own chances and goals of therapy. Therapies may include treatment interventions and/or other supportive interventions.

How long will it take before my cancer may begin to grow again after chemotherapy?

For patients who did not get chemotherapy, the average time before the cancer grew was about 2 months. For patients who got chemotherapy, the average time before the cancer grew was about 3 months.

Did chemotherapy make quality of life better or worse?

Chemotherapy helped reduce the pain patients said they had and did not make quality of life any worse. There is no difference between docetaxel and pemetrexed in quality of life.

What are the most common side effects?

The most common side effects will vary with the type of treatment given. Some of the most common ones include the following:

Side Effect	How likely is it?*	Additional facts
Hair loss	Pemetrexed 6 of 100 Docetaxel 38 of 100	Almost all patients experience some hair loss; reversible
Low white blood cell count and fever	Pemetrexed 2 of 100 Docetaxel 13 of 100	Reversible and treatable, but potentially life threatening
Fatigue	Pemetrexed 5 of 100 Docetaxel 5 of 100	Reversible
Low red blood cell count (anemia)	Pemetrexed 4 of 100 Docetaxel 4 of 100	Reversible, treatable by transfusion or medicine
Low white blood cell count and infection requiring antibiotics	Pemetrexed 0 of 100 Docetaxel 3 of 100	Reversible and treatable, but potentially life threatening
Nausea with or without vomiting	Pemetrexed 3 of 100 Docetaxel 2 of 100	Medicine can usually help
Numbness and pain in the hands and/or feet	Pemetrexed 0 of 100 Docetaxel 1 of 100	May be permanent
Low platelet count (a type of blood cell important to blood clotting)	Pemetrexed 2 of 100 Docetaxel <1 of 100	May or may not result in bleeding; treatable by transfusion and reducing the dose of chemotherapy

*Number of patients experiencing these side effects out of 100 patients.

Ask your doctor for more information on the most common types of side effects for the drug you are considering, how severe the side effects are, and what can be done to help with them.

You may want to ask your doctor if there are other treatment options or clinical trials you could consider.

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WEIGHING YOUR OPTIONS

After you have spoken with your doctor about the treatment of NSCLC, the following page is intended to help you organize your thoughts in four areas. You may want to do this on your own or with someone else (for example, family, friends, or other caregivers outside of this doctor's office). Your treatment options include: 1) taking chemotherapy 2) not taking chemotherapy and 3) having best supportive care.

The next three pages include four steps:

1. What decision do you need to make?
2. What information and help do you need to make the decision?
3. What are the next steps?
4. What are other issues that I should think about?

1. **What decision do you need to make?** _____

In what time frame do you want to make a choice? _____

2a. What information do you need to make the decision?

Do you have enough support and advice from other people to make a choice? _____

Are you choosing your treatment option without pressure from others? _____

If you do not choose chemotherapy, would you feel guilty? _____

Do you have enough facts to make a choice? _____

Do you know who to contact and how to reach them if you have questions or problems? _____

Do you know the benefits and risks of each option? _____

Are you clear about which benefits and risks *matter most* to you? _____

In the following space, write down any additional other concerns and/or issues that you think are important to your decision (for example, your other health issues, your age, money issues, taking care of your family, etc.): _____

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2b. What other kind of help do you need to make the decision?

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

NAME(S): _____

How can this person or these people help you? _____

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 most. If you circle zero, then the risk or benefit matters least. 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?
BENEFITS:		
Decreased risk of death during the course of your illness	0 1 2 3 4 5	
Satisfaction in taking treatment that may help prolong my life	0 1 2 3 4 5	
Improvement in symptoms	0 1 2 3 4 5	
RISKS:		
Lowering of the red blood count	0 1 2 3 4 5	
Lowering of the white blood count and fever or infection	0 1 2 3 4 5	
Complete hair loss	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	
Numbness in hands and/or feet which affects daily activity	0 1 2 3 4 5	
Lowering of the platelet count	0 1 2 3 4 5	
Life threatening complication (blood clot, bleeding or infection)	0 1 2 3 4 5	

3. Plan the next steps

Consider planning your next steps based on your needs:

1. If you feel you do not have enough support and/or if you feel pressure from others—you may want to look for other support. Your doctor, hospital, or clinic may be able to refer you to others who could help you find additional support.
2. If you feel you do not have enough facts—you may want to get more facts. For example, you could review “What To Know: ASCO’s Guideline on Stage IV Non-Small-Cell Lung Cancer Treatment,” visit cancer.net, visit cancer.gov, and/or call 1-800-4-Cancer.

4. Are there other issues that you should think about?

Many people use this time to reflect on their life—what they have learned and they want to share with their families, and planning for events in the future like birthdays or weddings.

Some people address spiritual issues.

Some people address financial issues, like the cost of care or a will.

Some people address Advance Directives (Living Wills). For instance, if you could not speak for yourself, who would you want to make decisions about your care?

If your heart stopped beating, or you stopped breathing, would you want to have resuscitation (CPR), or that others allow you to die naturally without resuscitation?

Some people use this time to discuss with their loved ones how they would like to spend the rest of their life. For instance, where do you want to spend your last days? Where do you want to die (at home or in a hospital setting)?

Do you want to have a hospice agency³ involved, if necessary for your care?

These are all difficult but very important issues to discuss with your family, your health care professionals, and other people who may help you.

Please use the space below or another page to write any questions or concerns you have:

3. Hospice is “a program that provides special care for people who are near the end of life and for their families, either at home, in freestanding facilities, or within hospitals.” Source: National Cancer Institute (www.cancer.gov)

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