
“Although there is no cure for patients with stage IV non-small cell lung cancer, various treatment options are available that can help patients control their cancer longer,” said Gregory Masters, MD, co-chair of the ASCO Expert Panel that developed the guideline. “This guideline will help doctors choose the most appropriate therapies, depending on the biology of the tumor and the patient’s general well-being.”

To develop this clinical practice guideline update, an ASCO Expert Panel conducted a formal systematic review of relevant medical literature published from January 2007 through February 2014.

Key recommendations of the guideline update are as follows:

- First-line (initial) treatment:
  - If tumor lacks *EGFR* or *ALK* gene alterations, combination cytotoxic chemotherapy for patients with performance status 0-1 is recommended. For patients with performance status 2, chemotherapy or palliative care alone may be used.
  - If tumor has sensitizing *EGFR* mutations, afatinib, erlotinib, or gefitinib is recommended.
  - If tumor has *ALK* or *ROS1* gene rearrangements, crizotinib is recommended.

- Maintenance treatment (treatment after initial response to first-line treatment):
  - Patients may be recommended to either switch to another regimen, or continue first-line therapy, or take a break from chemotherapy.

- Second-line treatment:
  - Docetaxel, erlotinib, or gefinitib are options; pemetrexed is an additional option for patients with nonsquamous cell carcinoma.
  - Patients with *EGFR* mutations can receive chemotherapy or another EGFR inhibitor,
Patients with ALK rearrangements may be offered chemotherapy or ceritinib.

- Third-line treatment
  - Erlotinib may be offered for patients with performance status 0-3 who had not previously received erlotinib or gefitinib.
- The guideline continues to emphasize that age alone should not be a factor in the selection of treatment.
- Early palliative care, along with anti-tumor treatment is recommended.

“Early palliative care is associated with improved survival of patients with advanced lung cancer,” said David H. Johnson, co-chair of the ASCO Expert Panel. “Hospice care also improves patient quality of life and reduces caregiver distress.”

The guideline update was published today in the Journal of Clinical Oncology and is available at www.asco.org/guidelines/nsclc.

Information for patients about lung cancer is available at http://www.cancer.net/lung.

ASCO encourages feedback on its guidelines from oncologists, practitioners and patients through the ASCO Guidelines Wiki at www.asco.org/guidelineswiki.

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