Dear Clinician:

This set of DECISION AIDS is based on ASCO’s Clinical Practice Guideline Update on Chemotherapy for Stage IV NSCLC (2009). ASCO’s Guideline Update was based on a systematic review of published literature. Parts of the format were originally developed by Thomas J. Smith, MD, of Massey Cancer Center of Virginia Commonwealth University and by the University of Ottawa Health Research Institute.

This set of DECISION AIDS contains four DECISION AIDS, one for each line of NSCLC therapy. They are each intended to be used at the decision points for distinct lines of therapy.

1. First-line
2. Second-line with cytotoxic chemotherapy
3. Second- and third-line with erlotinib
4. Third- and fourth-line chemotherapy

Each line of therapy is defined as follows:

1. First-line: The person has received no chemotherapy before.
2. Second-line: The person has previously received one regimen (either a combination or a single agent) and cancer progressed during or after that treatment.
3. Third-line: The person has previously received two regimens (either combinations or single agents) and cancer progressed during or after those treatments.
4. Fourth-line: The person has previously received two regimens (either combinations or single agents) before and cancer progressed during or after those treatments.

Each DECISION AID uses data from clinical trials referred to in the 2009 ASCO Clinical Practice Guideline Update. The individual citations are listed on the next page.

The DECISION AIDS are intended to be used by a clinician and a patient (with or without family members or others present) in an office visit. The graphs and statistics are intended to help clinicians present these data to patients. The goal is to help a person make a choice on chemotherapy treatment through shared decision-making between the clinician and the patient.

As clinicians know, not every patient is willing to view and hear survival statistics. The DECISION AIDS contain a cover sheet asking if the patient is willing to do so. If he or she is not, we advise they do not use this DECISION AID. The cover sheet also lets patients and caregivers know what is contained in the DECISION AID.

The contents of each DECISION AID are as follows:

1. Information on risks and benefits of chemotherapy
2. Other issues to consider
3. Help for thinking through the decision
4. Weighing Your Options
5. Other issues that I should think about?

The third part is called “Weighing Your Options” and may be used by the patient and his or her caregivers after the clinician reviews the data in the DECISION AID with them. It contains 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?

It is recommended that the clinician to have a second visit where the patient can bring up additional questions and points of discussion after using the Weighing Your Options portion, which may be beneficial. The clinician is also encouraged to refer the patient to an oncology social worker to help provide support and more information.
CITATIONS


First-Line:
Reviewed and compared with UpToDate® September 6, 2008 by Thomas J. Smith

Second-line:

Second- and Third-line with erlotinib:

Third- and Fourth-line:
Compared with UpToDate® by Thomas J. Smith 1/25/2009

Additional citations:
Harrington SE, Smith TJ. The role of chemotherapy at the end of life: “when is enough, enough?” JAMA 299(22):2667-78, 2008
O’Connor AM, Jacobsen MJ, Stacey S: Ottawa Personal Decision Guide. University of Ottawa Health Research Institute, Canada

Definitions
Some definitions were based on those given by the National Cancer Institute’s website cancer.gov

This decision aid tool set 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 set are practice tool based on ASCO® practice guidelines and are 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 set does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this decision aid tool set are voluntary. The practice guidelines and additional information are available at http://www.asco.org/guidelines/nsclc. Copyright © 2009 by the American Society of Clinical Oncology. All rights reserved.
STAGE IV Non-Small Cell Lung Cancer (NSCLC) First-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 and who have not had chemotherapy before. 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/nsclc. Copyright © 2009 by the American Society of Clinical Oncology. All rights reserved.

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RISKS AND BENEFITS OF FIRST-LINE CHEMOTHERAPY
(initial chemotherapy)

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

In clinical trials, the average person lived between 10 and 11 months with chemotherapy. Chemotherapy improves the chance of being alive at one year by 10 to 20 out of 100 people. If you are having cancer-related symptoms that limit your daily activities, your chances of being alive at one year are less than described above.

In older trials that compared chemotherapy with no chemotherapy, 29 out of 100 people who took chemotherapy were alive at one year. Without chemotherapy, 20 out of 100 were alive at one year.

In more recent trials using newer chemotherapy with cisplatin (Platinol®) and pemetrexed (Alimta®) or cisplatin and gemcitabine (Gemzar®) for people with advanced lung cancer, 44 out of 100 people were alive after one year. At two years, 19 out of 100 people were alive.

A chart shows modern results for patients with lung cancer below.

Chemotherapy regimens often include a combination of cisplatin or carboplatin (Paraplatin®) with another agent. A number of drugs may be combined with cisplatin including docetaxel (Taxotere®), gemcitabine (Gemzar®), irinotecan (Camptosar®), paclitaxel (Taxol), pemetrexed (Alimta®), and vinorelbine (Navelbine®). The results described in this decision aid are from a representative trial. This trial used cisplatin with gemcitabine or cisplatin with pemetrexed.

1. 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. About 2 out of every 100 people will be alive at the end of 5 years. The goals of care include controlling the disease and any symptoms for as long as possible. You may want to talk with your doctor about your own chances of survival and goals of therapy. Therapies may include treatment interventions and/or supportive interventions.

How long will it take before my cancer may begin to grow again after chemotherapy?
In the most recent trials of cisplatin and pemetrexed (or cisplatin and gemcitabine), the time before the cancer grew again (time to disease progression) was 4 to 5 months.

Will chemotherapy for lung cancer make my quality of life better or worse?
In most trials of chemotherapy or no chemotherapy, the chemotherapy did not make the patients' quality of life any worse. About half of patients who take chemotherapy will have temporary relief of their worst symptoms, which may improve their quality of life.

What are the most common severe side effects?
The most common side effects will vary with the type of treatment given. Some of the most severe side effects which may require stopping, delaying, or lowering the dose of your chemotherapy include the following:

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>How likely is it*</th>
<th>Additional facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair loss</td>
<td>12 to 21 of 100</td>
<td>Almost all patients experience some hair loss, reversible</td>
</tr>
<tr>
<td>Mouth Sores</td>
<td>10 to 20 of 100</td>
<td>Symptom relief possible</td>
</tr>
<tr>
<td>Low red blood cell count (anemia)</td>
<td>6 to 10 of 100</td>
<td>Reversible, treatable by transfusion or medicine</td>
</tr>
<tr>
<td>Nausea with or without vomiting</td>
<td>4 to 7 of 100</td>
<td>Medicine usually can help</td>
</tr>
<tr>
<td>Low platelet count (a type of blood cell</td>
<td>4 to 13 of 100</td>
<td>May or may not result in bleeding; treatable by transfusion and reducing the</td>
</tr>
<tr>
<td>important to blood clotting)</td>
<td></td>
<td>dose of chemotherapy</td>
</tr>
<tr>
<td>Low white blood cell count and infection</td>
<td>1 to 4 of 100</td>
<td>Reversible, treatable, but potentially life threatening</td>
</tr>
<tr>
<td>requiring antibiotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness and pain in the hands and/or feet</td>
<td>&lt;1 to 4 of 100</td>
<td>May be permanent</td>
</tr>
<tr>
<td>Chemotherapy-related death</td>
<td>1 of 100</td>
<td></td>
</tr>
</tbody>
</table>

*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, how severe they 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.

Sources for data in this Decision Aid: NSCLC Meta-Analysis Collaborative Group, JCO, 2008; Scagliotti GV, JCO, 2008; Schiller JH., NEJM, 2002;
National Cancer Institute
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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.

<table>
<thead>
<tr>
<th>Benefits:</th>
<th>How much does this matter?</th>
<th>What is most likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased risk of death during the course of your illness</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Satisfaction in taking treatment that may help prolong my life</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Improvement in symptoms</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risks:</th>
<th>How much does this matter?</th>
<th>What is most likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth sores</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Complete hair loss</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Lowering of the red blood count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Nausea with or without vomiting</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Low platelet count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Low white blood count and fever</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Numbness in hands and/or feet which affects daily activity</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Life threatening complication (blood clot, bleeding or infection)</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

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 many 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 I 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 agency 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:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

2. 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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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 working. 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/nsclc. Copyright © 2009 by the American Society of Clinical Oncology. All rights reserved.

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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.

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:

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

*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.

<table>
<thead>
<tr>
<th>BENEFITS:</th>
<th>How much does this matter?</th>
<th>What is most likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased risk of death during the course of your illness</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Satisfaction in taking treatment that may help prolong my life</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Improvement in symptoms</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RISKS:</th>
<th>How much does this matter?</th>
<th>What is most likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowering of the red blood count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Lowering of the white blood count and fever or infection</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Complete hair loss</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Fatigue which limits activity</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Nausea with or without vomiting</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Numbness in hands and/or feet which affects daily activity</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Lowering of the platelet count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Life threatening complication (blood clot, bleeding or infection)</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

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 agency 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)

Adapted from a Decision Aid initially developed for NLM grant G08 LM009525-01 by Thomas J. Smith, MD, Massey Cancer Center—Virginia Commonwealth University and the Ottawa Personal Decision Guide Copyright O’Connor, Stacey, Jacobsen 2004
DECISION AID

STAGE IV
Non-Small Cell Lung Cancer (NSCLC)
Second- or Third-Line Chemotherapy with Erlotinib

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 erlotinib after the first or second chemotherapy did not work or stopped working. 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/nsclc. Copyright © 2009 by the American Society of Clinical Oncology. All rights reserved.

Adapted from a Decision Aid initially developed for NLM grant G08 LM009525-01 by Thomas J. Smith, MD, Massey Cancer Center—Virginia Commonwealth University and the Ottawa Personal Decision Guide Copyright O’Connor, Stacey, Jacobsen 2004
RISKS AND BENEFITS
OF SECOND- OR THIRD-LINE
TREATMENT WITH ERLOTINIB
(treatment after initial treatment or after
initial and subsequent treatment)

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

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.

Erlotinib (Tarceva™) improves the chance of being alive at one year by about 9 out of 100 people. In the trial of chemotherapy comparing erlotinib with best supportive care, about 22 out of 100 people were alive after one year if they had best supportive care, and 78 out of 100 had died. Of those who received erlotinib, about 31 out of 100 were alive and 69 had died.

The average person lived 4.7 months with best supportive care, and 6.7 months if they received erlotinib. These results are shown in the graph below.

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

1. Sources of data in this Decision Aid: Lilenbaum R, JCO, 2008; Shepherd F, NEJM, 2005; Wacker B, Clin Cancer Res, 2007; 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 may change to controlling the disease and any symptoms for as long as possible. You may want to talk with your doctor about your own chances of survival 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 after chemotherapy?
In the clinical trial, the time before the cancer grew again was 2.2 months after the start of erlotinib treatment. If the cancer responded (shrank by 50% or more) which happened in 8 out of every 100 patients, this lasted 8 months.

Will chemotherapy with erlotinib for lung cancer make my quality of life better or worse?
About 40 out of 100 patients had relief of their primary symptoms when they took erlotinib. Cough, pain, and shortness of breath were improved with erlotinib, and were better for 1-2 months compared with placebo (inactive treatment).

What are the most common side effects?
The most common side effects may include the following:

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>How likely is it?*</th>
<th>Additional facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin rash</td>
<td>Less than 9 out of 100 people</td>
<td>The doctor can treat this. This is likely to be a sign that the erlotinib is working.</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Less than 6 out of 100 people</td>
<td>Can require hospitalization. The doctor can treat this.</td>
</tr>
<tr>
<td>Infection</td>
<td>Less than 2 out of 100 people</td>
<td>The doctor can treat this.</td>
</tr>
<tr>
<td>Interstitial Lung Disease</td>
<td>May be 1 out of 100; incidence is unknown³</td>
<td>Life-threatening</td>
</tr>
</tbody>
</table>

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

Ask your doctor for more information on side effects, how severe they 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.

³ The source for interstitial lung disease is Lilienbaum R, JCO, 2008; the other data in this table are from Shepherd F, NEJM, 2005

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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.): __________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
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 an asterisk (*) in the column next to the benefit and/or risk(s) that you think are most likely to happen.

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<tr>
<td></td>
<td>Please circle a number:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[0 (none)—5 (a lot)]</td>
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<td>BENEFITS:</td>
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<td></td>
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<tr>
<td>Decreased risk of death during the course of your illness</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>Satisfaction in taking treatment that may help prolong my life</td>
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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 agency 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:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

4. 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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STAGE IV
Non-Small Cell Lung Cancer (NSCLC)
Third-Line and Fourth-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 and subsequent treatments have not worked or stopped working. 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/nsclc. Copyright © 2009 by the American Society of Clinical Oncology. All rights reserved.

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RISKS AND BENEFITS
OF THIRD- OR FOURTH-LINE
CHEMOTHERAPY
(treatment after initial and subsequent treatment(s))

What are my chances of being alive at one year if I take third-line or fourth-line chemotherapy or do best supportive care?
Chemotherapy is not likely to improve the chance of being alive at one year. There are no large studies comparing chemotherapy to supportive care\(^1\) for people who have already received two or more lines of chemotherapy.

Doctors sometimes tell a patient how long the average patient may live with this disease in this situation. 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.

Most people will live several months after their second line of chemotherapy, but your time could be more or less. The average time to live in recent studies was about 5 months. Most people will live several months after their third line of chemotherapy, but your time could be more or less. The average amount of time to live has been about 4 months.

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 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 of survival 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?
There are no published results of studies of third-line chemotherapy comparing chemotherapy to no chemotherapy. For patients whose cancer shrank with third-line chemotherapy, the cancer started to grow again in 2 to 3 months. There are also no published results comparing fourth-line chemotherapy to no chemotherapy. The most common time before the cancer grows again is just a few weeks.

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2. This Decision Aid refers to what is usually known as chemotherapy and does not include erlotinib—see the Second- and Third-Line Treatment with Erlotinib Decision Aid for a discussion of erlotinib as third-line therapy
3. 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)
**Will chemotherapy make my quality of life better or worse?**

There are no clinical studies which compare third-line chemotherapy to other types of treatment such as supportive care. In addition, there are no clinical studies comparing fourth-line chemotherapy to supportive care. Whether you will feel worse or better with chemotherapy depends on the type of treatment, how sick you become with chemotherapy, and if the cancer symptoms get better.

**What are the most common side effects?**

The most common side effects will vary with the type of treatment given. Some of the most severe side effects may require stopping, delaying, or lowering the dose of your chemotherapy. They may include the following:

- Fatigue
- Nausea with or without vomiting, usually controllable
- Hair loss
- Low white blood cell count which may lead to infection requiring antibiotics
- Numbness and pain in the hands and/or feet
- Swelling in the ankles

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

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

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<tr>
<th>Benefits</th>
<th>How much does this matter?</th>
<th>What is most likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How much does this matter?</td>
<td>What is most likely to happen?</td>
</tr>
<tr>
<td>Benefits:</td>
<td>0 (none)—5 (a lot)</td>
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</tr>
<tr>
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<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Satisfaction in taking treatment that may help prolong my life</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Improvement in symptoms</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risks:</th>
<th>How much does this matter?</th>
<th>What is most likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowering of white blood count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Fatigue which limits activity</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Nausea with or without vomiting</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Bowel problems (constipation or diarrhea)</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Appetite loss/Stopping eating</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Lowering of the red blood count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Fever and low white blood count</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Complete hair loss</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Numbness in hands and/or feet which affects daily activity</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Life threatening complication (blood clot, bleeding or infection)</td>
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3. Plan the next steps

Consider planning your next steps based on your needs:
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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 agency 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:

_____________________________________________________________________________________________
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4. 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)

Adapted from a Decision Aid initially developed for NLM grant G08 LM009525-01 by Thomas J. Smith, MD, Massey Cancer Center—Virginia Commonwealth University and the Ottawa Personal Decision Guide Copyright O'Connor, Stacey, Jacobsen 2004