

Helping you to make the right decision

Chemotherapy after surgery

Stage 3 non-small cell lung cancer



If you have had Stage 3 lung cancer surgery which was successful you may be offered chemotherapy afterwards (this is called adjuvant chemotherapy). It is important that you understand both the benefits and risks of this treatment. The following information is called a patient decision aid. It explains how having chemotherapy after surgery for lung cancer is likely to affect your life. This will help you to decide whether or not to have chemotherapy. Please note that you have to be fit and well enough for your body to cope with this treatment. Your doctor will discuss this with you.

Why have I been given a choice?

Research has shown that patients feel better about their treatment if they are given the opportunity to make a choice about it. You may find it helpful to discuss your treatment options with friends and family before you make your choice.

Please remember that your doctors and lung cancer nurse specialist will help and support you to make this decision.

How do I use the patient decision aid?

First of all, read through the benefits and risks of having chemotherapy after surgery for lung cancer. If you feel confident you have understood this information, discuss with your doctor or lung cancer nurse specialist what you want to happen next. If you don't feel ready to make a decision after reading through the benefits and risks of having surgery, discuss this with your doctor or lung cancer nurse specialist. They will be able to give you any further information and support you may need to be able to make this choice.

Before reading the rest of this information please think about whether you feel comfortable reading statistics that explain your chances of dying from lung cancer. If you don't feel comfortable, tell your doctor this and they will discuss your options without giving you this information.

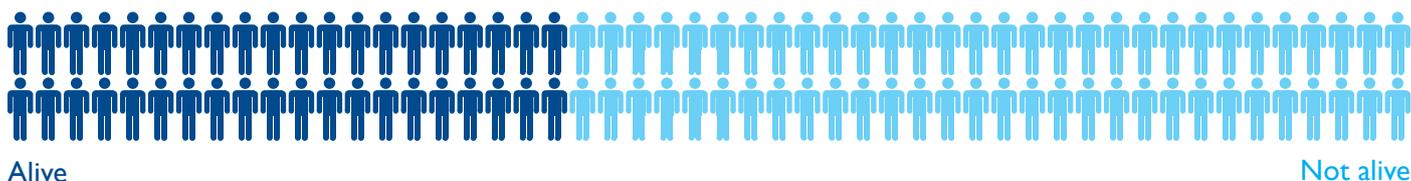
How will having chemotherapy after surgery help me?

Chemotherapy is used to try and kill any stray cancer cells which may still be in your body after surgery.

You are more likely to be alive five years after surgery for lung cancer if you have chemotherapy afterwards¹.

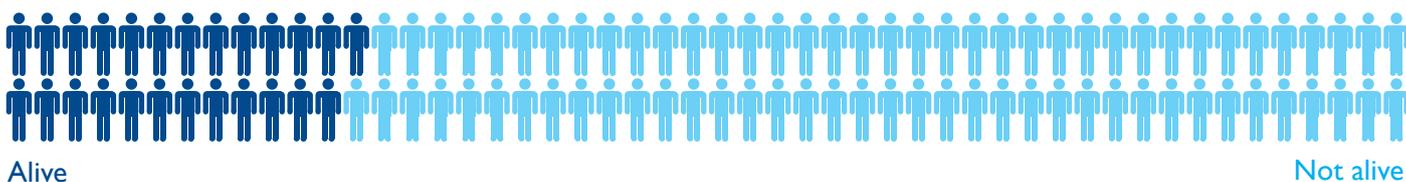
40 out of every 100 people who have had chemotherapy after their surgery will still be alive after five years¹.

Chemotherapy after surgery five year survival:



25 out of every 100 people who have not had chemotherapy after their surgery will still be alive after five years¹.

No chemotherapy after surgery five year survival:



Please note there is no guarantee that chemotherapy after surgery will help each individual patient. Also, there is a chance your cancer may return no matter what treatment you receive.

What does having chemotherapy involve?

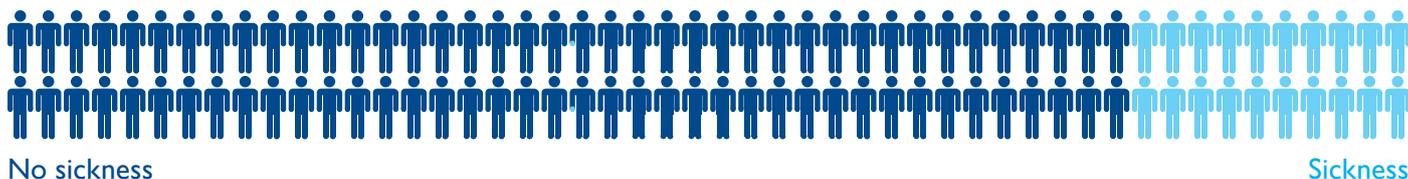
During chemotherapy treatment you will need to have more hospital visits. Adjuvant chemotherapy is usually given four times in total (each time is called a cycle), with a gap of three weeks between cycles. Each cycle requires two visits to hospital, one week apart. The first visit is a long day with lots of fluids given into a vein (usually in your hand or arm) through a drip. The second visit is shorter - lasting around two to three hours. This type of chemotherapy is usually given as an outpatient. You may generally feel unwell during and in the week or two after getting treatment. This will probably affect your day to day life while you are having treatment.

What are the risks of having chemotherapy?

Most people have some side-effects from having chemotherapy. Most of these side-effects usually ease with time. Although for some people the side effects may be delayed in their presentation or prolonged in nature. The below figures are referenced to the ANITA and BR10 trials that considered a combination of two chemotherapy drugs called Cisplatin and Vinorelbine. This is the most common type of combination chemotherapy used for adjuvant treatment. The trials showed slightly different rates for extreme tiredness and alopecia. A data range is used to illustrate the extreme tiredness rate and alopecia rate. This is represented in the diagram below in the pale blue and cross hatched pale blue stick people.

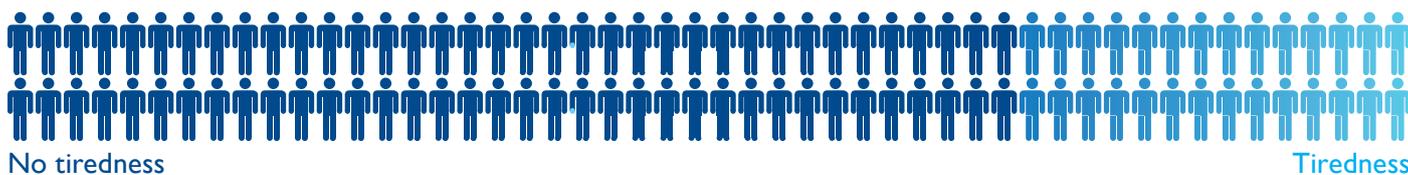
Feeling or being sick

20 out of every 100 people will feel very sick during chemotherapy. There are medicines available to help this¹.



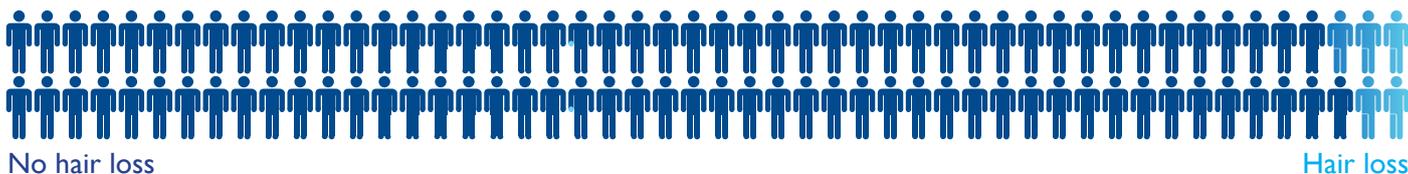
Extreme tiredness

15-28 out of every 100 people will feel very tired during chemotherapy^{2,3}.



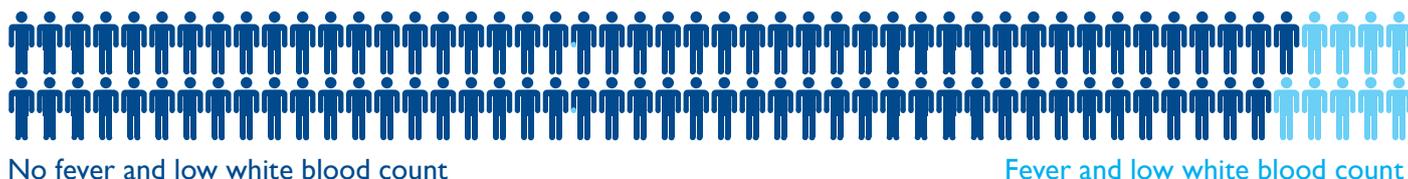
Complete hair loss

0-5 out of every 100 people will lose all of their hair during chemotherapy. This is temporary^{2,3}



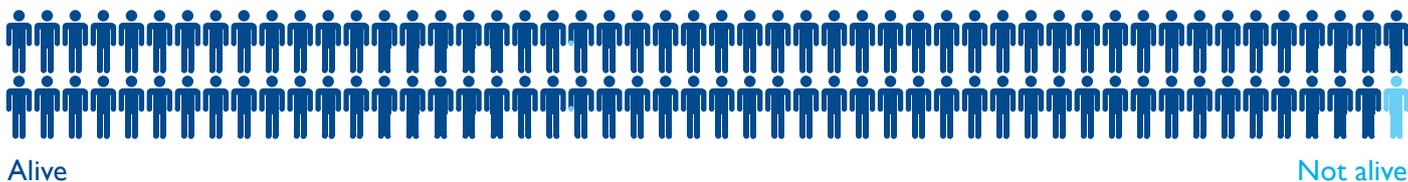
Fever and low white blood count

9 out of every 100 people will have a fever and low white blood count which requires a hospital stay for treatment¹.



Death

1 out of every 100 people will die from chemotherapy complications¹.



Think it over

This page is to help you think about how much the risks and benefits matter to you. You have now read about how having chemotherapy after surgery is likely to affect you. Please answer the below questions to let your doctor or lung cancer nurse specialist know if you have understood the key points made.

1. Are you willing to go through another major treatment if it increases your chances of living longer?
 Yes, I want the best possible chance of a longer life
 No, I'd rather wait and see what happens
 I'm not sure
2. Are you willing to risk experiencing the side-effects which you may get through having chemotherapy? Yes No I'm not sure
3. Are you sure about which benefits and risks matter most to you? Yes No
4. Are you making your decision without pressure from others? Yes No

If you have and **feel ready to make a decision** about whether or not to have chemotherapy, discuss this choice with your doctor or lung cancer nurse specialist.

If you **do not feel ready to make a decision** about whether or not to have chemotherapy, talk to your doctor or lung cancer nurse specialist about this. They may suggest you go and speak to other people, such as family members, to help you make your decision.

If you have read about your options of having chemotherapy and are still **unsure about the key points being made**, please discuss this with your doctor or lung cancer nurse specialist. They may provide or direct you to further information to help you make your decision.

Please use this space to make any notes.

Making your decision

After you have made a decision about whether or not to have chemotherapy, you will be referred to an appropriate healthcare team. If you decide to have chemotherapy your oncologist will organise your treatment. If you decide not to have chemotherapy your surgeon will arrange follow-up appointments.

Further information and support

Lung cancer nurse specialist

A local lung cancer nurse specialist can provide you with lots of helpful information and advice, coordinate your care and offer valuable emotional support. If you haven't already been contacted by one, ask your hospital for their details or call the Roy Castle Lung Cancer Helpline free on **0333 323 7200 (option 2)**.

Lung cancer support group

Speaking to others who are going through a similar experience to you can really help. Ask your hospital for information on local support groups, call our the Roy Castle Lung Cancer Helpline free on **0333 323 7200 (option 2)** or visit **www.roycastle.org/localgroups**

Lung cancer information

You can find lots of information on different types treatments and issues you face when living with lung cancer at **www.roycastle.org**. You can also call the Roy Castle Lung Cancer Helpline free on **0333 323 7200 (option 2)** to order free information materials.

Roy Castle Lung Cancer Foundation is the only charity in the UK wholly dedicated to the defeat of lung cancer. It funds research into prevention and early diagnosis, provides practical and emotional support as well as helping people to quit smoking.

For further information and details of your local support services please call the Roy Castle Lung Cancer Helpline free on **0333 323 7200 (option 2)**.

References

All information is evidence based using the following research:

¹ Jean-Yves Douillard, Helene Tribodet, Delphine Aubert, et al. Adjuvant Cisplatin & Vinorelbine for Completely Resected Non-small Cell Lung Cancer – Subgroup Analysis. *Journal of Thoracic Oncology*, Feb 2010, V5, No 2, 220 – 228

² 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.

³ Douillard JY, et al. Adjuvant vinorelbine plus cisplatin versus observation in patients with completely resected stage IB-IIIA NSCLC (ANITA) *Lancet Oncol*. 2006;7(9):719-27

PostScript

The potential survival statistics are based on the UICC version 6 staging system.

This information has been produced by lung cancer experts and Roy Castle Lung Cancer Foundation, in partnership with:

