

ASCO[®]answers

Small Cell Lung Cancer



**Trusted Information to Help Manage Your Care from the
American Society of Clinical Oncology**

Cancer.Net[®]

ASCO | KNOWLEDGE CONQUERS CANCER

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO[®]) is committed to the principle that knowledge conquers cancer. Together with the Association for Clinical Oncology, ASCO[®] represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest quality and equitable patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy.

ASCO furthers its mission through Cancer.Net and Conquer Cancer, the ASCO Foundation.

Cancer.Net (www.cancer.net), brings the expertise and resources of ASCO to people living with cancer and those who care for and about them. All the information and content on Cancer.Net is developed and approved by members of ASCO, making Cancer.Net an up-to-date and trusted resource for cancer information.

Conquer Cancer[®], the ASCO Foundation (www.conquer.org), funds research for every cancer, every patient, everywhere. As ASCO's foundation, Conquer Cancer accelerates lifesaving research and supports vital education programs so both doctors and patients have the resources they need.

Learn more at www.ASCO.org. Follow us on Facebook, Twitter, LinkedIn, Instagram, and YouTube.

MILLIONS OF PEOPLE RELY ON CANCER.NET FOR:

- Information on 120+ cancer types
- Information on navigating cancer care
- Coping and survivorship resources

GET YOUR CANCER INFORMATION IN THE FORMAT YOU WANT:

Download the app



Listen to podcasts



Watch videos



Browse the website



ASCO patient education programs are supported by:

CONQUER CANCER[®]
THE ASCO FOUNDATION

Table of Contents

2	INTRODUCTION
3	SMALL CELL LUNG CANCER BASICS
3	Small cell lung cancer development
3	Small cell lung cancer spread
6	UNDERSTANDING YOUR DIAGNOSIS
6	Making a cancer diagnosis
9	Finding out where the cancer started
9	Stages
12	SMALL CELL LUNG CANCER TREATMENT
13	Chemotherapy
14	Immunotherapy
15	Radiation therapy
16	Surgery
17	Clinical trials
19	Managing symptoms and side effects
21	Developing a treatment plan
23	Increasing the effectiveness of treatment
24	COPING WITH SIDE EFFECTS
24	Physical effects
26	Emotional and social effects
28	FOLLOW-UP CARE
30	SMALL CELL LUNG CANCER DICTIONARY
34	WORKSHEETS

ASCO ANSWERS is a collection of oncologist-approved patient education materials developed by ASCO for people with cancer and their caregivers.

This booklet was developed by and is ©2021 American Society of Clinical Oncology, Inc. (ASCO®). All rights reserved worldwide. No sponsor was involved in the development of the content. The mention of any company, product, service, or therapy does not constitute an endorsement of any kind by ASCO or Conquer Cancer®, the ASCO Foundation.

It is the responsibility of the treating physician or other health care provider, relying on independent experience and knowledge of the patient, to determine drug dosages and the best treatment for the patient. ASCO assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of the booklet or any errors or omissions. Information in ASCO's patient education materials is not intended as medical advice or as a substitute for medical advice. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered here. ASCO believes that all treatment decisions should be made between patients and their doctors. Advances in the diagnosis, treatment, and prevention of cancer occur regularly. For more information, visit Cancer.Net.

Introduction

It is one of many people's biggest fears—sitting in the doctor's office and hearing the word "cancer." People diagnosed with small cell lung cancer often say they were stunned by their diagnosis and could not hear, much less remember, what the doctor said afterward. However, absorbing the news of a cancer diagnosis is a key part of the coping process.

In the weeks to come, you may find it helpful to have family members or friends come to appointments with you. They will give you some much-needed support. They can also help listen to and remember the information your health care team provides.



Using this *ASCO Answers* guide may also be helpful. This guide explains some of the medical terms doctors may use when talking about small cell lung cancer. The guide can also help you keep track of the specifics of your diagnosis and treatment plan. In addition, you will find questions to ask your health care team. You can use the notes sections to write down their answers or other important information. There are also checkboxes you can use to identify the tests, procedures, and treatments that will make up your cancer care plan.

However you choose to keep track of this information, it is important to do so. Getting the facts about your diagnosis will help you make the best decisions for your situation in the coming days. Being an informed, involved patient who voices questions and concerns will help you and your health care team form a partnership in your care. Tell your doctor and nurse how you prefer to receive information. Also tell them how much you want to know about your diagnosis, treatment, and prognosis, which is the chance of recovery. Don't be afraid to ask questions or to let your health care team know you don't know what questions to ask.

Small Cell Lung Cancer Basics

The lungs are part of a group of organs and tissues, known as the respiratory system, that help a person breathe. When you inhale, your lungs absorb oxygen from the air. Then they bring the oxygen into the bloodstream for delivery to the rest of your body. As your body's cells use oxygen, they release carbon dioxide. The bloodstream carries carbon dioxide back to the lungs, and the carbon dioxide leaves the body when you exhale.

The lungs contain many different types of cells. Most cells in the lungs are epithelial cells. These cells line the airways and make mucus, which lubricates and protects the lungs. The lungs also contain nerve cells, hormone-producing cells, blood cells, and structural or supporting cells.

About 10% to 15% of people with lung cancer have small cell lung cancer.

Small cell lung cancer development

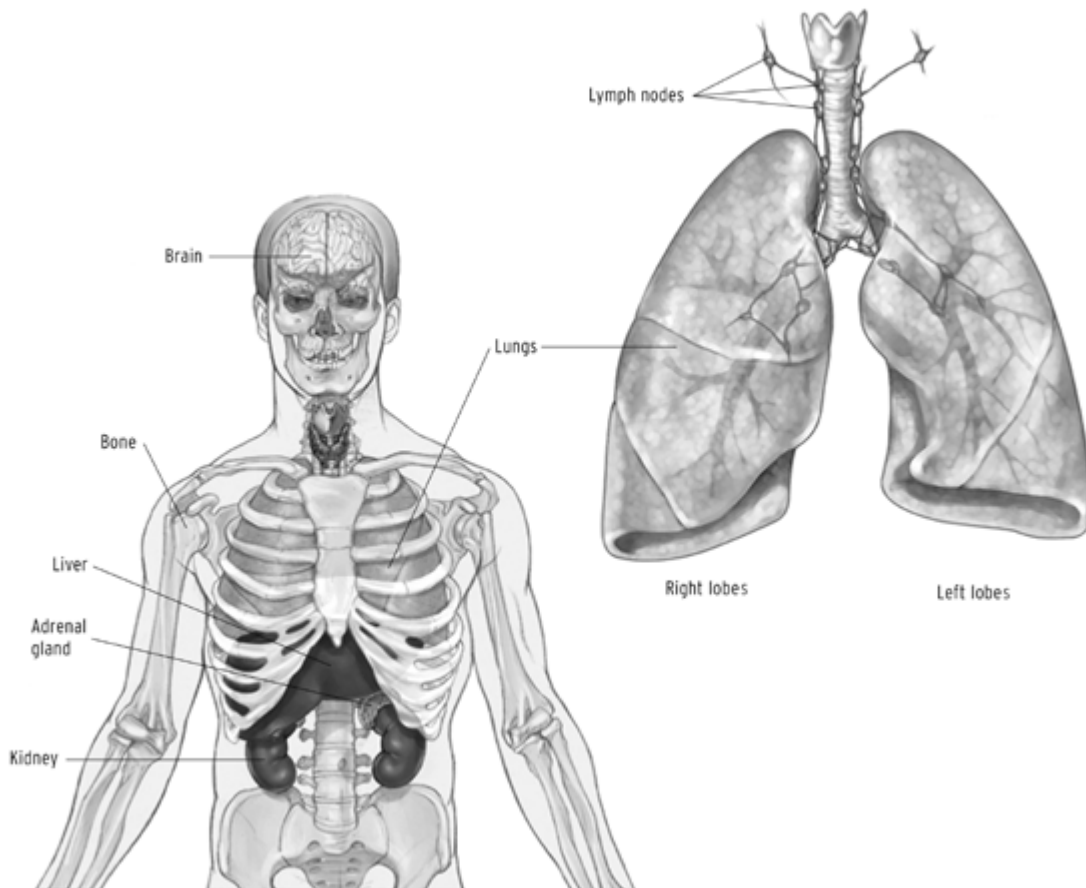
Small cell lung cancer begins when healthy cells in the lungs change and grow out of control, forming a mass called a tumor, lesion, or nodule. A tumor can be anywhere in the lung and can be cancerous or benign. A cancerous tumor is malignant, meaning it can spread to other parts of the body. A benign tumor means the tumor won't spread.

Small cell lung cancer begins in the nerve cells or hormone-producing cells of the lungs. The term "small cell" refers to the size and shape of the cancer cells as seen under a microscope. It is important for doctors to distinguish small cell lung cancer from the other major type of lung cancer, non-small cell lung cancer. That is because they are usually treated in different ways. About 10% to 15% of people with lung cancer have small cell lung cancer.

Small cell lung cancer spread

As a cancerous lung tumor grows, it can shed cancer cells. These cells can be carried away in blood or float away in lymph, the fluid that surrounds lung tissue. Lymph flows through tubes called lymphatic vessels. These vessels drain into collecting stations called lymph nodes, the small, bean-shaped organs that help fight infection.

ILLUSTRATION BY ROBERT MORREALE/VISUAL EXPLANATIONS, LLC.
© 2004 AMERICAN SOCIETY OF CLINICAL ONCOLOGY



MEDICAL ILLUSTRATIONS FOR MANY TYPES OF CANCER ARE AVAILABLE AT WWW.CANCER.NET.

Lymph nodes are located in the lungs, the center of the chest, and elsewhere in the body. The natural flow of lymph out of the lungs is toward the center of the chest. This explains why lung cancer often spreads there first. When a cancer cell moves into a lymph node or to a distant part of the body through the bloodstream, it is called metastasis.

Small cell lung cancer can metastasize anywhere in the body. In addition to the chest, the most common places it spreads are the lymph nodes, other parts of the lungs, bones, brain, liver, and structures near the kidneys called the adrenal glands. When small cell lung cancer spreads, it can cause breathing difficulties, bone pain, abdominal or back pain, headache, weakness, seizures, and speech difficulties. Rarely, a lung tumor can release hormones that cause chemical imbalances, such as low blood sodium levels or high blood calcium levels.

No matter the size and location of the tumor, whether the cancer has spread, or how far it has spread, treatment is always an option.



QUESTIONS TO ASK THE HEALTH CARE TEAM

- ▶ Who will be part of my health care team, and what will each member do?
- ▶ Did the cancer start in the lungs or has it spread from another part of the body?
- ▶ Where can I find out more information about small cell lung cancer?
- ▶ If I have questions or concerns, who should I call?

Understanding Your Diagnosis

Most people with small cell lung cancer are diagnosed when the tumor grows, takes up space, or begins to cause problems with parts of the body near the lungs. A lung tumor may also make fluid that can build up in the lungs or in the space around the lungs. The fluid may also push the air out of the lungs and cause them to collapse.

Doctors use many tests to diagnose small cell lung cancer and find out if it has spread from the lungs. Some tests may also determine which treatments may be the most effective. A biopsy is the only way to make a definitive diagnosis of small cell lung cancer. Doctors may use imaging tests to find out whether the cancer has spread. However, imaging tests can never be used alone to diagnose small cell lung cancer.

Not every test is right for every person. Your doctor may consider these factors when choosing a diagnostic test:

- ▶ Size, location, and type of cancer suspected
- ▶ Age and general health
- ▶ Signs and symptoms
- ▶ Previous test results

Making a cancer diagnosis

In addition to a physical exam, doctors may use the following tests to diagnose and stage small cell lung cancer. Your doctor will talk with you about the test(s) that will provide the most useful information about your cancer.

Biopsy

A biopsy is the removal of a small amount of tissue for examination under a microscope. A pathologist then analyzes the tissue samples. A pathologist is a doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease. If cancer cells are found, the pathologist is also able to figure out if they are small cell lung cancer cells. The diagnosis is based on what the cells look like through the microscope.

Bronchoscopy

The doctor passes a thin, flexible tube with a light on the end into the mouth or nose. The tube goes down through the main windpipe and into the breathing passages of the lungs. A surgeon or pulmonologist may perform this procedure. A pulmonologist is a medical doctor who specializes in the diagnosis and treatment of lung disease. The tube lets the

doctor see inside the lungs. Tiny tools inside the tube can take samples of fluid or tissue so the pathologist can examine them. Patients get mild anesthesia during a bronchoscopy. Anesthesia is medication that blocks the awareness of pain.

❑ Needle aspiration/core biopsy

First, a special type of radiologist, called an interventional radiologist, numbs the skin on the chest. Then the radiologist uses a needle to remove a sample of the lung tumor for testing. This can be done with a smaller needle or a larger needle depending on how much tissue the pathologist needs. Often, the radiologist uses special imaging equipment to guide the needle. In general, core biopsies, which use the larger needle and provide greater amounts of tissue, are more common. Doctors have learned that more tissue is needed to diagnose small cell lung cancer.

❑ Thoracentesis

First the doctor numbs the skin on the patient's chest. Then the doctor inserts a needle through the chest wall. The needle goes into the space between the lung and the wall of the chest where fluid can collect. The doctor removes the fluid, which is checked for cancer cells by a pathologist.

❑ Thoracoscopy

A surgeon makes a small cut in the skin of the patient's chest wall. Then the surgeon inserts a special instrument and a small video camera to assist in the examination of the inside of the chest. Patients need general anesthesia for this procedure. However, recovery time may be shorter with a thoracoscopy (when compared with other tests) because of the smaller incisions used. Doctors may call this procedure video-assisted thoracoscopic surgery or VATS.

❑ Mediastinoscopy

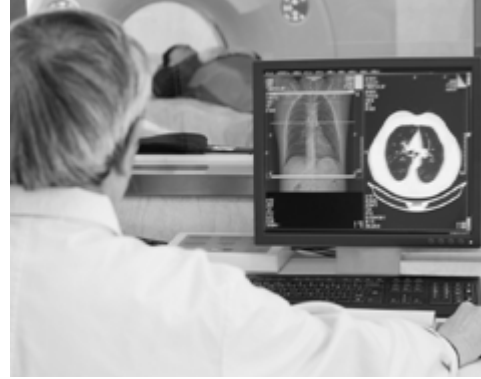
A surgeon makes a small incision at the top of the breastbone. Then the surgeon examines and takes a sample of the lymph nodes in the center of the chest underneath the breastbone. This procedure requires general anesthesia and is done in an operating room.

❑ Thoracotomy

A surgeon makes an incision in the patient's chest. The surgeon then examines the lung and takes tissue samples for testing. A thoracotomy is the procedure surgeons most often use to completely remove a lung tumor. This procedure also requires general anesthesia and an operating room.

Imaging tests

In addition to biopsies and surgical procedures, imaging tests are very important in the care of people with small cell lung cancer. But no scan can diagnose the disease. Your doctor will combine chest x-ray and scan results with your medical history, a physical examination, blood tests, and information from a biopsy. That way it is clear where the cancer began and whether or where it has spread.



❑ Computed tomography (CT or CAT) scan

This test produces images that allow doctors to see the size and location of a lung tumor and/or lung cancer metastases. A CT scan takes pictures of the inside of the body using x-rays taken from different angles. A computer combines these pictures into a detailed, 3-dimensional image that shows any abnormalities or tumors. A CT scan can also be used to measure the tumor's size. Sometimes, a special dye called a contrast medium is given before the scan to provide better detail on the image. This dye can be injected into a patient's vein or given as a pill or liquid to swallow.

❑ Positron emission tomography (PET) scan or PET-CT scan

A PET scan is usually combined with a CT scan, called a PET-CT scan. However, you may hear your doctor refer to this procedure just as a PET scan. A PET scan is a way to create pictures of organs and tissues inside the body. A small amount of a radioactive sugar substance is injected into the patient's body. This sugar substance is taken up by cells that use the most energy. Because cancer tends to use energy actively, it absorbs more of the radioactive substance. A scanner then detects this substance to produce images of the inside of the body.

❑ Magnetic resonance imaging (MRI) scan

This test also produces images that allow doctors to see the location of a lung tumor and/or lung cancer metastases and measure the tumor's size. However, an MRI uses magnetic fields, not x-rays, to produce detailed images of the body. A contrast medium is given before the scan to create a clearer picture. This dye can be injected into a patient's vein or given as a pill to swallow. MRI scanning does not work well to take pictures of parts of the body that are moving. That includes your lungs, which move with each breath you take. For that reason, doctors rarely use the MRI scan to look at the lungs. However, it may be helpful to find small cell lung cancer that has spread to the brain.

Finding out where the cancer started

Small cell lung cancer starts in the lungs. However, many other types of cancer start elsewhere in the body and then spread to the lungs when they metastasize. For example, breast cancer that has spread to the lungs is still called breast cancer. Therefore, it is important for doctors to know if the cancer started in the lungs or elsewhere.

To find where the cancer started, your doctor will take into account your symptoms and medical history, physical examination, how the tumor looks on x-rays and scans, and your risk factors for cancer. A pathologist can perform tests on the biopsy sample to help find out where the cancer began. Your doctor may recommend other tests to rule out specific types of cancer.

If the doctor is still not sure where the cancer started, you may receive a diagnosis of metastatic cancer “of unknown primary.” Most treatments for metastatic cancer of unknown primary that is first found in the chest are the same as those for metastatic small cell lung cancer.

Stages

Doctors often give people with small cell lung cancer a stage along with their diagnosis. Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. Doctors use diagnostic tests to find out the cancer’s stage, so staging may not be complete until they finish all the tests. Knowing the stage helps your doctor decide what kind of treatment is best. The stage can also help predict your prognosis.

No doctor can predict how long a patient will live with small cell lung cancer based only on the stage of the disease. That is because the disease is different in each person, and treatment works differently for each tumor.

Limited and extensive stage

The most common way doctors stage small cell lung cancer is by classifying the disease as limited stage or extensive stage. They stage the disease this way because it helps them decide if a patient may benefit from more aggressive treatments.

Limited stage. This means that the cancer is only in 1 part of the chest and can be treated with radiation therapy. About 1 out of 3 people with small cell lung cancer have limited stage disease when first diagnosed.

Extensive stage. This stage describes small cell lung cancer that has spread to parts of the body such as the other lung, bone, brain, or bone marrow. Many doctors consider small cell lung cancer that has spread to the fluid around the lung to be extensive stage

as well. About 2 out of 3 people with small cell lung cancer have extensive disease when the cancer is first found.

Cancer stage grouping

Cancer stage grouping describes the stage of small cell lung cancer with a number, zero (0) through 4 (Roman numerals I through IV).

This system is not used very often in small cell lung cancer. Doctors have found that the limited stage and extensive stage system helps them make better choices about which treatment option to use.

Stage 0. This is called in situ disease, meaning the cancer is “in place.” It has not grown into nearby tissues or spread outside the lung.

Stage I. A stage I lung cancer is a small tumor that has not spread to any lymph nodes. That means it is possible for a surgeon to completely remove it. Stage I is divided into 2 substages, stage IA or stage IB, based on tumor size. Tumors 3 centimeters (cm) wide or smaller are classified as stage IA. Tumors larger than 3 cm but not more than 4 cm in size are stage IB.



Stage II. Stage II lung cancer is divided into 2 substages. Stage IIA cancer describes a tumor larger than 4 cm but not more than 5 cm in size that has not spread to the nearby lymph nodes. Stage IIB describes a tumor that is 5 cm or less in size that has spread to the nearby lymph nodes. Stage IIB lung cancer also describes a tumor that is larger than 5 cm and has not spread to the lymph nodes. Sometimes, surgeons can remove stage II tumors with surgery. Other times, patients need more treatments.

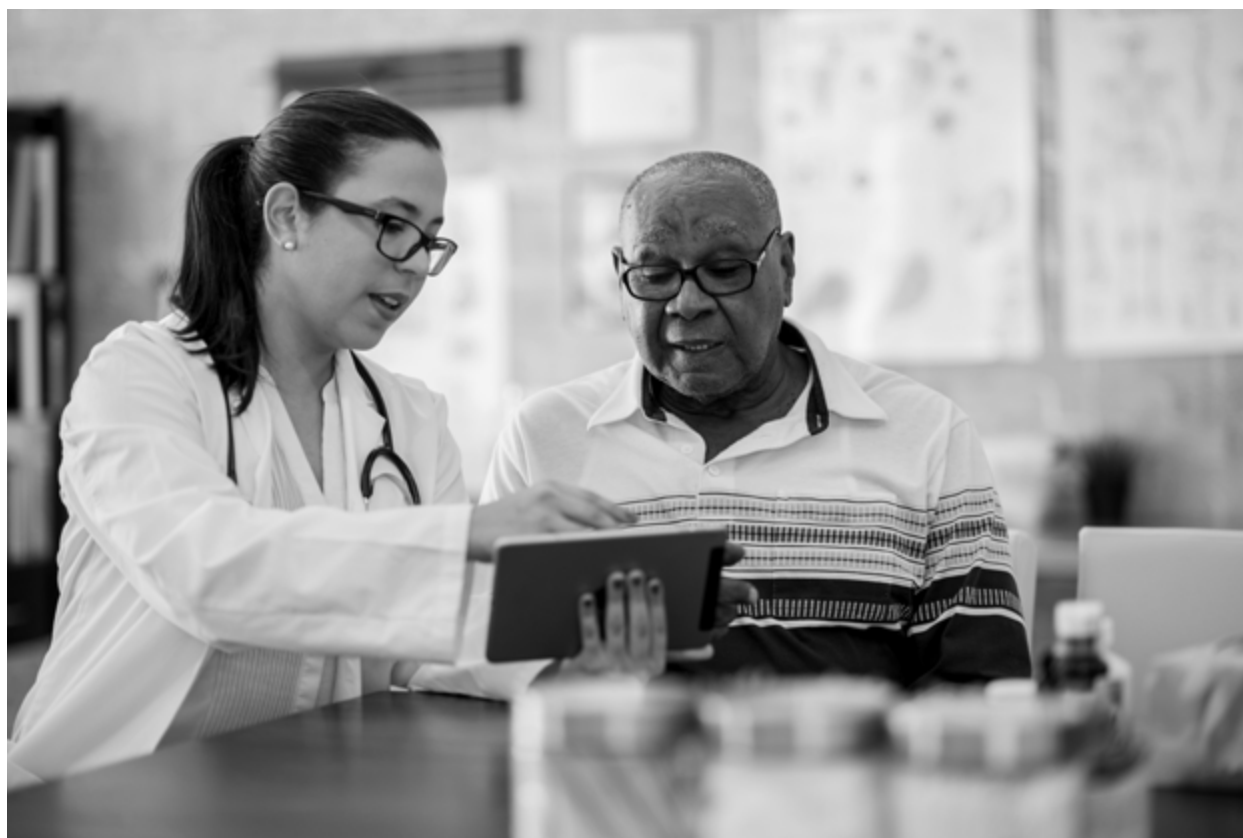
Stage III. Stage III lung cancers are classified as either stage IIIA, IIIB, or IIIC. The stage is based on the size of the tumor and which lymph nodes the cancer has spread to. Stage III cancers have not spread to other distant parts of the body.

Stage IV. Stage IV means the lung cancer has spread to more than 1 area: in the other lung, the fluid surrounding the lung or the heart, or distant parts of the body through the bloodstream. Once cancer cells get into the blood, the cancer can spread anywhere in the body. Stage IV is divided into 2 substages. Stage IVA cancer has spread within the chest and/or has spread to 1 area outside of the chest. Stage IVB has spread outside of the chest to more than 1 place in 1 organ or to more than 1 organ.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT YOUR DIAGNOSIS

- ▶ What stage of small cell lung cancer do I have? What does this mean?
- ▶ What other diagnostic tests or procedures may be necessary?
- ▶ How can I prepare myself for each test or procedure?
- ▶ Where do I need to go to have each test?
- ▶ When will I get the results? How will I get the results (over the phone, at the next appointment, etc.)?
- ▶ Who will explain the results to me?
- ▶ Should I see another doctor for a second opinion? Can you give me names of doctors I could see?
- ▶ If I get a second opinion, will I have to repeat any tests or procedures?
- ▶ What is my prognosis?



Small Cell Lung Cancer Treatment

In cancer care, different types of doctors often work together to create your overall treatment plan that combines different types of treatment. This is called a multidisciplinary team. Cancer care teams include a variety of other health care professionals, such as physician assistants, nurse practitioners, oncology nurses, social workers, pharmacists, and dietitians.



The stage of small cell lung cancer and your overall health influence prognosis. Small cell lung cancer is treatable at any stage. However, only some people with certain stages can be cured.

Doctors measure a patient's general strength and health using an index known as performance status. People who are strong enough to go about their daily activities without assistance and who can work outside their home can safely receive chemotherapy, radiation therapy, and/or surgery. Your care plan should also include treatment for symptoms and side effects. This is called palliative care or supportive care (see page 19).

A patient's age has never been useful in predicting whether someone will benefit from treatment. The average age of people with lung cancer in the United States is 71. A person's age should never be used as the only reason for deciding what treatment is best. This is especially true for older patients who are otherwise physically fit and have no other medical problems besides lung cancer.

When making treatment decisions, you are also encouraged to consider clinical trials as an option. A clinical trial is a research study that tests a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the treatment doctors use now. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Clinical trials are an option to consider for treatment and care for all stages of cancer.

Before treatment begins, it is important to discuss the goals and possible side effects of treatment with your doctor. Ask about the chances that the treatment will work and its potential effect on your quality of life.

To start a conversation with the health care team about all your treatment options, you may want to ask:

- ▶ What are the treatment options for this stage of small cell lung cancer?
- ▶ Will I need more than 1 type of treatment?
- ▶ What treatment plan do you recommend for me? Why?
- ▶ What is the goal of the treatment(s) you recommend? Is it to eliminate the cancer? To relieve my symptoms? Or both?
- ▶ What is the expected timeline for my treatment plan?
- ▶ When do I need to make a decision about starting treatment?
- ▶ If I am worried about managing the cost of treatment, who can help me?

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by keeping the cancer cells from growing, dividing, and making more cells. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication. Systemic chemotherapy gets into the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that's swallowed.

Chemotherapy is the main treatment for small cell lung cancer because the cancer spreads quickly. The most commonly used chemotherapy regimen is etoposide (Etopophos) or irinotecan (Camptosar) plus a platinum-based drug such as carboplatin or cisplatin (both available as generic drugs).

Sometimes, chemotherapy is given in combination with other treatments. For patients with limited stage small cell lung cancer, chemotherapy plus radiation therapy (described on page 15) to the chest is given daily over several weeks. For extensive stage small cell lung cancer, people may first receive chemotherapy for 3 to 4 months or they can receive a combination of immunotherapy (see page 14) and chemotherapy as the first line of treatment.

If cancer continues to spread after the initial treatment, additional chemotherapy drugs that can be given to treat small cell lung cancer include:

- ▶ Irinotecan (Camptosar)
- ▶ Lurbinectedin (Zepzelca)
- ▶ Topotecan (Hycamtin)

The side effects of chemotherapy depend on the individual and the dose used. Side effects can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away after treatment ends. Your doctor can also prescribe drugs to help relieve many of them. Talk with your health care team about ways to prevent or manage side effects.

**QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT CHEMOTHERAPY**

- ▶ What type of chemotherapy do you recommend? Why?
- ▶ How long will I need to have chemotherapy?
- ▶ How will the treatment be given? Will I take it at a hospital or clinic or at home?
- ▶ How will chemotherapy affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ What are the potential side effects of this treatment? What can be done to prevent or manage these side effects?
- ▶ Where can I get more information about the medications I will be taking?
- ▶ Who should I contact about any side effects I experience? And how soon?

Immunotherapy

Immunotherapy, also called biologic therapy, is designed to boost the body's natural defenses to fight the cancer. It uses materials made either by the body or in a laboratory to improve, target, or restore immune system function. For example, the PD-1 pathway may play a critical role in the immune system's ability to control cancer growth. Blocking this pathway with PD-1 and PD-L1 antibodies has stopped or slowed the growth of small cell lung cancer for some patients. These types of drugs are sometimes used for small cell lung cancer when the first treatment stops working or if the cancer has come back. The following types of immunotherapy may be used for small cell lung cancer:

- ▶ Atezolizumab (Tecentriq)
- ▶ Durvalumab (Imfinzi)
- ▶ Nivolumab (Opdivo)

Different types of immunotherapy can cause different side effects. Talk with your doctor about possible side effects for the immunotherapy recommended for you.

**QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT IMMUNOTHERAPY**

- ▶ Based on my test results, will I benefit from immunotherapy? Why or why not?
- ▶ How long will I need to have this treatment?
- ▶ How will the treatment be given?
- ▶ What are the possible side effects of this treatment?
- ▶ How will these side effects be managed?
- ▶ How will my treatment be monitored?
- ▶ Who should I contact about any side effects I experience? And how soon?

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. If you need radiation therapy, you will be asked to see a radiation oncologist. This is a doctor who specializes in giving radiation therapy to treat cancer. The most common type of radiation treatment is called external-beam radiation therapy. This is radiation given from a machine outside the body.

For patients with limited stage small cell lung cancer, radiation therapy is combined with chemotherapy. Radiation therapy works best when given during the first or second month of chemotherapy. Radiation therapy is usually given once daily, but it can be given twice daily for a shorter course of treatment.

If chemotherapy has shrunk the cancer, then radiation therapy to the head lessens the risk that the cancer will spread to the brain. This is called prophylactic cranial irradiation (PCI). It has been shown to lengthen the lives of some patients. For patients with extensive stage lung cancer, radiation therapy is sometimes given to the chest.

People with small cell lung cancer who receive radiation therapy often experience fatigue and loss of appetite. If radiation therapy is given to the neck or center of the chest, people may also develop a sore throat and have difficulty swallowing. Skin irritation, similar to a sunburn, may also occur at the treatment site. Most side effects go away soon after treatment is finished.

If radiation therapy irritates or inflames the lung, patients may develop a cough, fever, or shortness of breath. About 15% of patients develop this condition, called radiation pneumonitis. It can occur months or sometimes years after radiation therapy ends. If it is mild, radiation pneumonitis does not need treatment and goes away on its own. If it is severe, a person may need treatment with steroid medications, such as prednisone (multiple brand names). Radiation therapy may also cause permanent scarring of the lung tissue near the original tumor. Typically, the scarring does not cause symptoms. However, severe scarring can cause a permanent cough and shortness of breath. For this reason, radiation oncologists carefully plan the treatments using CT scans of the chest to lessen the amount of healthy lung tissue exposed to radiation.





QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT RADIATION THERAPY

- ▶ What type of radiation therapy do you recommend? Why?
- ▶ How often will my radiation treatments occur, and how long will I need to receive treatment?
- ▶ How much time will each treatment take?
- ▶ Will you describe what I will experience when I receive radiation therapy? Will it hurt or cause me discomfort?
- ▶ How much healthy lung tissue will be included in the radiation field?
- ▶ What are the possible short-term and long-term side effects of this treatment?
- ▶ What can be done to reduce these risks?
- ▶ Who should I contact about any side effects I experience? And how soon?

Surgery

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. For lung cancer, a thoracic surgeon is specially trained to perform lung cancer surgery.

Surgery is rarely used for people with small cell lung cancer. It is only considered for those with early-stage disease, such as cancer in a small lung nodule. In those situations, chemotherapy is used, with or without radiation therapy, after surgery.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT SURGERY

- ▶ Which type of surgery do you recommend? Why?
- ▶ What is the goal of this surgery?
- ▶ Will lymph nodes or any other tissue need to be removed?
- ▶ Will I need to be admitted to a hospital for this operation? If so, how long will I need to stay in the hospital?
- ▶ Will my tumor tissue be saved? Where will it be stored? For how long? How can it be accessed in the future?
- ▶ What will my recovery from surgery be like?
- ▶ What are the potential short- and long-term side effects of this type of surgery?
- ▶ Will I need any additional treatment after surgery?
- ▶ Who should I contact about any side effects I experience? And how soon?

Clinical trials

Doctors and scientists are always looking for better ways to care for people with small cell lung cancer. To make scientific advances, doctors create research studies involving volunteers, called clinical trials. Every drug that is now approved by the U.S. Food and Drug Administration was tested in clinical trials.



Many clinical trials focus on new treatments. Researchers want to learn if a new treatment is safe, effective, and possibly better than treatment doctors use now. These studies evaluate new drugs, different combinations of treatments, new approaches to radiation therapy or surgery, and new methods of treatment. There are also clinical trials that study new ways to ease symptoms and side effects during treatment and manage late effects that may occur after treatment. Clinical trials are often designed to be an option at any point in a patient's care, starting from the time of diagnosis.

People who participate in clinical trials can be some of the first to get a treatment before it is available to the public. However, there are some risks with a clinical trial, including possible side effects and the chance that the new treatment may not work. People are encouraged to talk with their health care team about the pros and cons of joining a specific study.

People decide to participate in clinical trials for many reasons. For some people with small cell lung cancer, a clinical trial is the best treatment option available. Because standard treatments are not perfect, people are often willing to face the added uncertainty of a clinical trial in the hope of a better result. Other people volunteer for clinical trials because they know these studies are a way to contribute to the progress in treating small cell lung cancer. Even if they do not benefit directly from the clinical trial, their participation may help patients with small cell lung cancer in the future.

Insurance coverage and the costs of clinical trials differ by location and by study. In some programs, some of the expenses from participating in the clinical trial are reimbursed. In others, they are not. It is important to talk with the research team and your insurance company first to learn if and how your treatment in a clinical trial will be covered.

Some people worry if they participate in a clinical trial, they may receive no treatment by being given a placebo or a "sugar pill." However, placebos are rarely used in cancer clinical trials. When used, placebos are usually combined with standard treatment in most cancer clinical trials. Study participants will always be told when a placebo is used in a study.

To join a clinical trial, people must participate in a process known as informed consent. During informed consent, the research team should:

- ▶ Describe all of the treatment options, so that the person understands how the new treatment differs from the standard treatment.
- ▶ List all of the risks of the new treatment, which may or may not be different from the risks of standard treatment.
- ▶ Explain what will be required of each person in order to participate in the clinical trial, including the number of doctor visits, tests, and the schedule of treatment.

Clinical trials also have certain rules called “eligibility criteria” that help structure the research and keep patients safe. You and the research team will carefully review these criteria together.

People who participate in a clinical trial may stop participating at any time for personal or medical reasons. This may include if the new treatment is not working or if there are serious side effects. Clinical trials are also closely monitored by experts who watch for any problems with each study. It is important that people participating in a clinical trial talk with their doctor and researchers about who will be providing their treatment and care during the clinical trial, after the clinical trial ends, and/or if they choose to leave the clinical trial before it ends.



To learn more about clinical trials, visit www.cancer.net/clinicaltrials.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT CLINICAL TRIALS

- ▶ How do clinical trials help people with small cell lung cancer?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ What happens during a clinical trial?
- ▶ How do the costs of participating in a clinical trial compare with the costs of standard treatment?
- ▶ Where can I learn more about clinical trials?

Managing symptoms and side effects

In addition to treatment to slow, stop, or eliminate small cell lung cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative care or supportive care. It includes supporting a person's physical, emotional, and social needs.



Palliative care is any treatment that focuses on reducing a person's symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care.

It works best when palliative care is started as early as needed in the cancer treatment process. People often receive treatment for the cancer at the same time that they receive treatment to ease side effects. In fact, people who receive both at the same time often have less severe symptoms and a better quality of life and report that they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or radiation therapy. Talk with your doctor about the goals of each treatment in your treatment plan.

For people with small cell lung cancer, palliative care may include:

- Radiation therapy**—Radiation therapy can shrink a tumor in the chest that is bleeding or blocking the lung passages.
- Bronchoscopy**—During this procedure, doctors can open lung passages blocked by cancer to improve breathing.
- Surgery**—A surgeon can use a laser to burn away a tumor or place a stent to prop open an airway.
- Pain medications**—Many hospitals and cancer centers have pain control specialists who provide pain relief, even for very severe cancer pain. Many drugs used to treat cancer pain, especially morphine, can also relieve shortness of breath caused by cancer. Learn more about cancer-related pain at www.cancer.net/pain.

- ❑ **Corticosteroids**—Prednisone or methylprednisolone (multiple brand names) can reduce inflammation caused by lung cancer or radiation therapy and improve breathing.
- ❑ **Other medications**—Medications can be used to suppress coughing, open closed airways, or reduce bronchial secretions.
- ❑ **Supplemental oxygen**—Extra oxygen from small, portable tanks can help make up for the lungs' reduced ability to draw oxygen from the air.
- ❑ **Bisphosphonates**—These medications strengthen bones, lessen bone pain, and help prevent future spread to the bone.
- ❑ **Appetite stimulants and nutritional supplements**—These can improve appetite and reduce weight loss.
- ❑ **Practical, emotional, and spiritual support**—Your health care team can also give you advice and resources for addressing financial and legal concerns, transportation issues, employment concerns, depression, anxiety, and family and other relationship issues. If needed, your team can also connect you with a chaplain or other spiritual or religious resources in your community.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and palliative care options. During and after treatment, be sure to tell your health care team if you are experiencing a problem, so it can be addressed as quickly as possible.



For more information about care for symptoms and side effects, visit www.cancer.net/palliativecare.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT PALLIATIVE CARE

- ▶ What can be done to manage any symptoms and side effects I may experience?
- ▶ Can you recommend someone who specializes in palliative care?
- ▶ Where can I receive palliative care services?
- ▶ What other support services are available to me? To my family?

Developing a treatment plan

For limited stage small cell lung cancer, treatment may include chemotherapy combined with radiation therapy to try to cure the cancer. For extensive stage, chemotherapy alone is likely a better option. All people with small cell lung cancer of any stage face the risk that their cancer can return, even if treatment controls its growth. All patients with the disease must be monitored closely by their doctors with x-rays, scans, and checkups.



Metastatic lung cancer

Patients with a diagnosis of metastatic small cell lung cancer are encouraged to talk with doctors who are experienced in treating this stage of cancer. There can be different opinions about the best treatment plan.

Chemotherapy is not as effective as radiation therapy or surgery to treat lung cancer that has spread to the brain. For this reason, lung cancer that has spread to the brain is treated with radiation therapy, surgery, or both. Most people with brain metastases from lung cancer receive radiation therapy to the entire brain. This can cause side effects such as hair loss, fatigue, and redness of the scalp. If it is a small tumor, a type of radiation therapy called stereotactic radiosurgery can focus radiation therapy only on the tumor in the brain and lessen the side effects.

Radiation therapy or surgery may also be used to treat metastases that are causing pain or other symptoms. Bone metastases that weaken major bones can be treated with surgery, and the bones can be reinforced using metal implants.

For most people, a diagnosis of metastatic cancer is very stressful and difficult to bear. You and your family are encouraged to talk about how you feel with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Recurrent lung cancer

If small cell lung cancer returns after the original treatment, it is called recurrent cancer. It may come back in the same place (local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When there is a recurrence, a new cycle of testing will begin again to learn as much as possible about the recurrence. After testing is done, you and your doctor will talk about the treatment options. The treatment plan will be based on the cancer's stage and may include surgery, chemotherapy, and radiation therapy. However, they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat recurrent small cell lung cancer.

People with recurrent cancer often experience emotions such as disbelief or fear. You are encouraged to talk with the health care team about these feelings and ask about support services to help you cope.



For more information about small cell lung cancer treatment, visit www.cancer.net/sclc.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT YOUR TREATMENT PLAN

- ▶ Who will be leading my overall treatment and follow-up care?
- ▶ What is the goal of my treatment plan?
- ▶ How will each treatment option benefit me? What are the risks?
- ▶ What is the expected timeline for each treatment option?
- ▶ What clinical trials are available for me?
- ▶ What is my prognosis?

Increasing the effectiveness of treatment

Small cell lung cancer treatment may not be as effective for people who have bone or liver metastases from small cell lung cancer, have lost a lot of weight, continue to use tobacco, or have preexisting medical conditions, such as heart disease or emphysema.

Although you cannot change some of these factors, if you smoke, quitting tobacco following a diagnosis of small cell lung cancer is a change that can make a big difference. People who stop smoking have an easier time with treatments, feel better, live longer, and have a lower risk of developing a second lung cancer or other health problems.

Continuing to smoke can lead to:

- ▶ Shorter life
- ▶ Lower chance of successful treatment
- ▶ More problems from surgery and slower recovery
- ▶ More treatment-related side effects from chemotherapy, including infection, fatigue, and weight loss
- ▶ Additional side effects from radiation therapy, such as dry mouth, mouth sores, loss of taste, and problems with your bones and soft tissues
- ▶ Increased chance of recurrence
- ▶ Increased risk of developing other serious illnesses



Stopping smoking is never easy, and it can be even harder when facing the diagnosis of small cell lung cancer. People who smoke are strongly encouraged to seek help from family, friends, programs for quitting smoking, and health care professionals.



You can learn more about stopping tobacco use after a diagnosis of cancer at www.cancer.net/quittingtobacco.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT IMPROVING TREATMENT EFFECTIVENESS

- ▶ Are there any factors or behaviors that might make my treatment plan less effective?
- ▶ Is there anything I can do to increase the effectiveness of my treatment(s)?
- ▶ If I'm a smoker, will smoking affect how well my cancer treatment works? Will I experience more or different side effects from treatment if I continue to use tobacco?
- ▶ What medications and other quitting smoking resources are available to me?
- ▶ How can you help me manage the stress of quitting smoking along with the stress of a diagnosis of small cell lung cancer?

Coping With Side Effects

Fearing the side effects of small cell lung cancer treatment is common, but it may help to know that preventing and controlling side effects is a major focus of your health care team. Before treatment begins, talk with your doctor about possible side effects of each type of treatment you will receive. Ask which side effects are most likely to happen, when they are likely to occur, and what can be done to prevent or relieve them. During and after treatment, let your health care team know what side effects you experience so they can help manage them.

Everyone's experience with small cell lung cancer treatment is different. The specific side effects you may experience during and after treatment depend on a number of factors, including the cancer's location, your individual treatment plan, and your overall health. Some of the potential physical, emotional, and social effects experienced by people being treated for small cell lung cancer are described in this section.

95% of cancer pain can be treated successfully using medication or other strategies.

Physical effects

Pain. Pain can be caused by the tumor, be a side effect of cancer treatment, or result from causes not related to the cancer. Untreated pain can make other aspects of cancer seem worse, such as fatigue, weakness, shortness of breath, nausea, constipation, sleep disturbances, depression, anxiety, and mental confusion. However, it is important to know that up to 95% of cancer pain can be treated successfully using medication or other strategies. Your doctor or a pain specialist can help you find an effective pain-relief strategy.

Nausea and vomiting. Nausea and vomiting are common side effects of many cancer treatments. Nausea is feeling the urge to vomit or throw up. Vomiting may happen before treatment, within 24 hours after treatment, or 2 or more days after treatment. Mild nausea and vomiting can be uncomfortable, but they usually do not cause serious problems. Severe vomiting, however, can cause dehydration; the loss of minerals, such as potassium and sodium, from the

body; weight loss; and depression. In addition to medications that help prevent nausea and vomiting, many people find that behavioral treatments help control these side effects. Talk with your health care team about ways to change the expectation and fear of nausea and vomiting.

Fatigue. Cancer and its treatment often cause a persistent feeling of physical, emotional, or mental tiredness or exhaustion. Most people receiving cancer treatment experience some type of fatigue, which can make even a small effort, such as walking across a room, seem like too much. Fatigue can seriously affect all aspects of a person's life, from relationships with friends and family to the ability to perform at work. It is important to tell your doctor if you are experiencing fatigue because there are things your health care team can do to help.

Shortness of breath. Also called dyspnea, shortness of breath is a feeling of breathlessness that many people with advanced cancer experience. It also occurs in those with earlier-stage lung cancer. A person may experience dyspnea even though the actual levels of oxygen are within a normal range. Dyspnea may be caused by a tumor or by other conditions related to cancer, and many of these causes are treatable. Your doctor can help you address the cause and relieve the symptoms of this side effect.

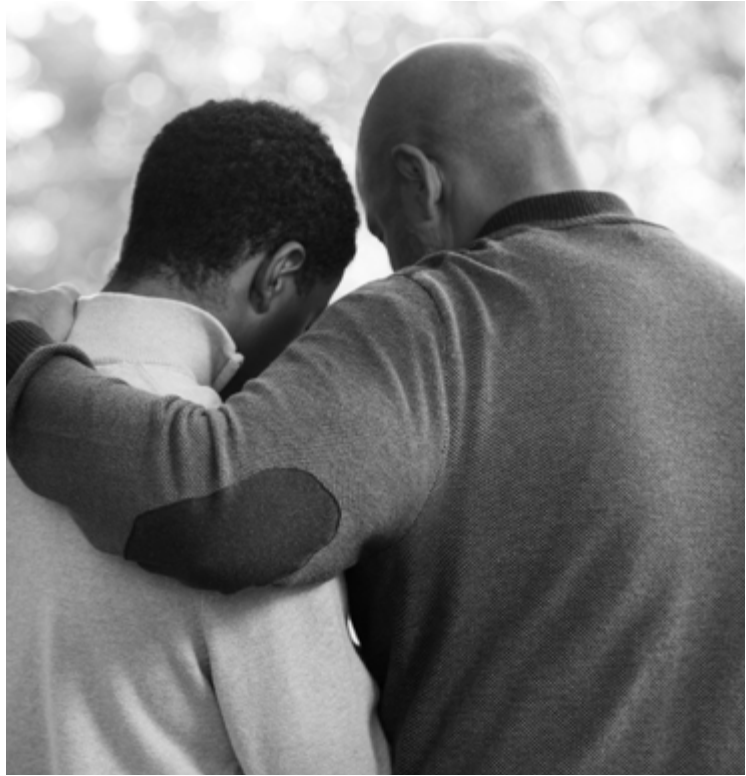


For more information about managing cancer-related pain, visit www.cancer.net/pain. For more information about managing other side effects, visit www.cancer.net/sideeffects.



Emotional and social effects

A small cell lung cancer diagnosis is serious. In addition to physical side effects, you may experience emotional and social effects. For many people, a diagnosis of small cell lung cancer is stressful and can trigger difficult emotions. While small cell lung cancer often occurs in people who smoke or have smoked in the past, the disease can affect anyone. Unfortunately, many patients feel they will not receive as much support or help from people around them because they believe that others will think that their behavior caused the disease. These fears add extra stress to an already stressful situation and may lead to anxiety and, less commonly, depression.



Therefore, it is important to express how you are feeling. Research has shown that sharing fears and anxieties with family, friends, counselors, clergy, or support groups helps strengthen patients emotionally and perhaps even physically. Because not all people find it easy to open up to others, you may want to express your feelings in other ways, such as:

- ▶ Writing in a journal or starting a blog
- ▶ Doing artistic projects, such as painting
- ▶ Praying or meditating
- ▶ Reading
- ▶ Slowing down and reflecting

However, even with outlets to express their feelings, sometimes people with small cell lung cancer and those closest to them continue to experience emotional and social effects. If you feel anxious, depressed, or stressed about your diagnosis and treatment, think about telling a member of your health care team, such as an oncology nurse. Oncology nurses have a wealth of experience and knowledge about cancer, cancer treatment, and side effects. They can also provide you with emotional and social support, as well as help you develop effective coping strategies.

Another good resource is an oncology social worker. An oncology social worker can:

- ▶ Help you navigate the health care system
- ▶ Help you find support to manage the day-to-day challenges of living with cancer
- ▶ Provide counseling, education, information services, and discharge and home care planning services
- ▶ Provide referrals to community resources for you and your family and friends

Oncology social workers practice in many settings, including cancer centers, hospitals, doctors' offices, cancer-related agencies, hospices, and private practices. If there is not an oncology social worker at the place where you receive treatment, call the nearest cancer center or university/teaching hospital and ask if there's one on staff.



Learn more about coping with the physical, social, and emotional effects of small cell lung cancer at www.cancer.net/coping. For a list of support organizations and other resources, visit www.cancer.net/support.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT SIDE EFFECTS

- ▶ What are the potential short-term and long-term side effects of each treatment in my treatment plan?
- ▶ Are there ways to help me prepare for treatment and decrease the chance of experiencing side effects?
- ▶ What can be done to manage these side effects?
- ▶ What support services are available to me? To my family?
- ▶ If I am worried about managing the costs of cancer care, who can help me?

Follow-Up Care

Each year, tens of thousands of people with lung cancer in the United States are successfully treated. However, cancer care does not end when active treatment finishes. Your doctor will outline a program of tests and visits to monitor your recovery and check that the cancer has not returned. This plan may include regular physical examinations and/or medical tests for the coming months or years.

People treated for small cell lung cancer may continue to have side effects, even after treatment ends. Common post-treatment issues include pain, fatigue, and shortness of breath. Feelings of depression and anxiety may also continue after treatment. Fearing that the cancer may come back is also very common. Often people feel that they have less support once treatment has ended and that there is less assistance available from their doctors, nurses, and other programs, such as support groups. Your doctor, nurse, or social worker can help you develop a plan to manage any problems that continue after treatment.

The plan may include cancer rehabilitation. This could mean any of a wide range of services, such as physical therapy, career counseling, pain management, nutritional planning, and emotional counseling. The goal of rehabilitation is to help people regain control over many aspects of their lives and remain as independent and productive as possible.

Your doctor, nurse, or social worker can help you develop a plan to manage any problems that continue after treatment.

People who develop small cell lung cancer are also at higher risk for developing a second lung cancer. It is also important for you to watch for signs that the cancer may have come back—even if this thought is scary. The symptoms of a lung cancer recurrence include:

- ▶ Fatigue
- ▶ Cough
- ▶ Shortness of breath
- ▶ Bone pain
- ▶ Appetite loss
- ▶ Coughing up phlegm or mucus
- ▶ Coughing up blood
- ▶ Malaise, a general feeling of discomfort or illness

Tell your doctor or nurse about any new problem that lasts for more than 2 weeks. Your doctor may recommend scans to check for a recurrence so any new cancers can be found as early as possible.

Because many survivors of small cell lung cancer have smoked cigarettes in the past, they also have a high risk of heart disease, stroke, emphysema, and chronic bronchitis. Certain cancer treatments can further increase these risks. Therefore, nothing helps recovery more than stopping smoking. There are many tools and approaches available. Enlist the support of your family, friends, nurses, and doctors because it can be very difficult to stop on your own.

Even if you do not smoke, making healthy lifestyle choices after cancer, such as maintaining a healthy weight, eating well, limiting alcohol, and managing stress, are important for your overall well-being. Additionally, moderate physical activity can help rebuild your strength and energy level. Recovering patients, even those using oxygen, are encouraged to walk for 15 to 30 minutes each day to improve their heart and lung function. Your doctor can help you create an appropriate exercise plan based on your needs, physical abilities, and fitness level.



For cancer treatment summaries and survivorship care plans, visit www.cancer.net/survivorship.



QUESTIONS TO ASK THE HEALTH CARE TEAM ABOUT FOLLOW-UP CARE

- ▶ What are the chances that my cancer will return?
- ▶ Is there anything I can do to reduce the risk of recurrence?
- ▶ What follow-up tests will I need, and how often will those tests be needed?
- ▶ How often will I need to see a doctor?
- ▶ What symptoms should I tell you about right away?

Small Cell Lung Cancer Dictionary

Adjuvant therapy: Treatment given after the main treatment to reduce the chance of cancer coming back by eliminating any remaining cancer cells. It usually refers to chemotherapy, radiation therapy, and/or immunotherapy given after surgery.

Benign: A tumor that is not cancerous. The tumor does not usually invade nearby tissue or spread to other parts of the body.

Biopsy: The removal of a small amount of tissue for examination under a microscope. Other tests can suggest lung cancer is present, but only a biopsy can make a definite diagnosis.

Bisphosphonate: Drugs that prevent and treat osteoporosis by blocking osteoclasts, the cells that cause bone destruction.

Bronchoscopy: A procedure that allows a doctor to look inside the breathing passages of the lungs.

Chemotherapy: The use of drugs to destroy cancer cells, usually by keeping the cancer cells from growing, dividing, and making more cells.

Clinical trial: A research study that involves volunteers. Many clinical trials test new treatments to find out whether they are safe, effective, and possibly better than the current standard of care, which is the best known treatment.

Computed tomography (CT or CAT) scan: An imaging technique that creates a 3D picture of the inside of the body.

Cure: To fully restore health. This term is sometimes used when a person's cancer has not returned for at least 5 years after treatment. However, the concept of "cure" is difficult to apply to cancer because undetected cancer cells can sometimes remain in the body after treatment, causing the cancer to return later. Recurrence after 5 years is still possible.

Extensive stage small cell lung cancer: Small cell lung cancer that has spread to other parts of the body, such as the other lung, bone, brain, or bone marrow.

External-beam radiation therapy: Radiation therapy given from a machine located outside the body.

Imaging test: A procedure that creates pictures of internal body parts, tissues, or organs to make a diagnosis, plan treatment, check whether treatment is working, or observe a disease over time.

Immunotherapy: A treatment designed to boost the body's natural defenses to fight the cancer. It uses materials made either by the body or in a laboratory to improve, target, or restore immune system function. Also called biologic therapy.

Invasive cancer: Cancer that has spread outside the layer of tissue in which it started and has the potential to grow into other tissues or parts of the body. Also called infiltrating cancer.

Laboratory test: A procedure that evaluates a sample of blood, urine, or other substance from the body to make a diagnosis, plan treatment, check whether treatment is working, or monitor a disease over time.

Late effects: Side effects of cancer treatment that occur months or years after treatment has finished.

Limited stage small cell lung cancer: When small cell lung cancer is in only 1 part of the chest.

Lobectomy: Surgery to remove an entire lobe of the lung.

Localized cancer: Cancer that is confined to the area where it started and has not spread to other parts of the body. Also called in situ cancer.

Lymphatic system: A network of small vessels, ducts, and organs that carry fluid to and from the bloodstream and body tissues. Cancer can spread to other parts of the body through the lymphatic system.

Maintenance therapy: The use of ongoing chemotherapy or another treatment to help lower the risk of recurrence.

Malignant: Refers to a tumor that is cancerous. It may invade nearby healthy tissue or spread to other parts of the body.

Metastasis: The spread of cancer from the place where it began to another part of the body. This occurs when cancer cells break away from the primary tumor and travel through the blood or the lymphatic system to the lymph nodes, brain, bones, adrenal glands, or other organs.

Non-small cell lung cancer (NSCLC): Lung cancer that begins in the epithelial cells that line the airways and produce mucus. The most common type of lung cancer.

Oncologist: A doctor who specializes in treating cancer.

Osteonecrosis: An uncommon but serious side effect of treatment with bisphosphonates. The symptoms of osteonecrosis of the jaw include pain, swelling, and infection of the jaw; loose teeth; and exposed bone.

Palliative care: Any form of treatment that concentrates on reducing a patient's symptoms or treatment-related side effects, improving quality of life, and supporting patients and their families. Also called supportive care.

Pathologist: A doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease.

Pneumonectomy: The surgical removal of an entire lung.

Positron emission tomography (PET)

scan: Usually combined with a CT scan to create pictures of organs and tissues inside the body using a radioactive substance. PET scan is often used to complement information gathered from a CT scan, magnetic resonance imaging (MRI), or physical examination.

Primary cancer: The area in the body where a cancer started.

Prognosis: Chance of recovery; a prediction of the outcome of a disease.

Psychosocial effects: Emotional and social concerns related to cancer and cancer treatment that can greatly affect patients' well-being. These may include lack of information and support; emotional difficulties, including depression and anxiety; lack of transportation; disruptions to work, school, and family life; and difficulty with the cost of care.

Pulmonary fibrosis: Permanent scarring of the lungs caused by radiation therapy.

Pulmonologist: A doctor who specializes in diagnosing and treating lung diseases.

Radiation pneumonitis: Inflammation of lung tissue caused by radiation therapy.

Radiation therapy: The use of high-energy x-rays or other particles to destroy cancer cells. Also called radiotherapy.

Recurrence: Cancer that has returned after a period during which the cancer couldn't be detected. Local recurrence means that the cancer has come back in the same general area where the original cancer was located. Regional recurrence refers to cancer that has come back in the lymph nodes or other tissues near the original cancer site, usually by direct spread. Distant recurrence refers to cancer that has come back and has spread to other parts of the body, usually by traveling through the lymphatic system or bloodstream.

Regimen: A treatment plan that includes which treatments and procedures will be done, medications and their doses, the schedule of treatments, and how long each treatment will last.

Response: How the cancer reacts to the treatment; how effective the treatment is.

Risk: The likelihood of an event.

Secondary cancer: Describes either a new primary cancer, which is a different type of cancer that develops after treatment for the first type of cancer, or cancer that has spread to other parts of the body from the place where it started. See metastasis.

Side effect: An undesirable result of treatment, such as fatigue, nausea, vomiting, or hair loss.

Small cell lung cancer: Lung cancer that begins in the nerve cells or hormone-producing cells of the lung. The term "small cell" refers to the size and shape of the cancer cells when viewed under a microscope.

Stage: A way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body.

Standard of care: Care that experts agree or guidelines show is the most appropriate and/or effective for a specific type or stage of cancer.

Surgery: The removal of cancerous tissue from the body during an operation.

Survivorship: This term means different things to different people. Two common definitions include having no disease after the completion of treatment and the process of living with, through, and beyond cancer.

Survivorship care plan: A personalized schedule of follow-up examinations and tests that the doctor recommends after a patient's active treatment period. This may include regular physical examinations and/or medical tests to monitor a person's recovery for the coming months and years. It is often used together with a treatment summary. Also called a follow-up care plan.

Thoracic surgeon: A doctor who performs operations on the heart, lungs, esophagus, and other organs in the chest.

Treatment summary: A written summary of the treatments that a person had during their active treatment period. This is often used in conjunction with a survivorship care plan to help monitor a survivor's long-term health.

Tumor: A mass, lesion, or nodule formed when healthy cells change and grow out of control. A tumor can be benign, meaning it is not cancerous, or malignant, meaning it is cancerous and can spread to other parts of the body.

Unresectable: A tumor that cannot be removed with surgery.



For more definitions of common terms you may hear before, during, and after treatment, visit www.cancer.net/cancerterms.

My Health Care Team

Medical Oncologist: _____
 Contact Information: _____

Nutritionist/Dietitian: _____
 Contact Information: _____

Pulmonologist: _____
 Contact Information: _____

Pharmacist: _____
 Pharmacy: _____

Contact Information: _____

Radiation Oncologist: _____

Contact Information: _____

Palliative Care Specialist: _____

Contact Information: _____

Thoracic Surgeon: _____

Contact Information: _____

Other Team Members:

Name: _____

Contact Information: _____

Primary Care Doctor: _____

Contact Information: _____

Oncology Nurse: _____

Contact Information: _____

Name: _____

Contact Information: _____

Oncology Social Worker: _____

Contact Information: _____

Name: _____

Contact Information: _____

Counselor/Therapist: _____

Contact Information: _____

Name: _____

Contact Information: _____

Diagnosis Summary

TYPE:

- Small Cell Lung Cancer
- Metastatic Cancer of Unknown Primary

STAGE:

- Limited stage
- Extensive stage
- Stage 0
- Stage IA
- Stage IB
- Stage IIA
- Stage IIB
- Stage IIIA
- Stage IIIB
- Stage IIIC
- Stage IVA
- Stage IVB

OTHER RESULTS OF DIAGNOSTIC OR IMAGING TESTS:

MY TREATMENT PLAN

- Chemotherapy
- Immunotherapy
- Radiation therapy
- Surgery
- Clinical trial
- Palliative care

TREATMENT GOALS

- Eliminate the cancer
- Slow cancer growth/spread
- Shrink the tumor
- Relieve symptoms
- Manage side effects
- Other:

My Follow-Up Care Plan

Use this page to help discuss your follow-up care with your doctor and keep track of their recommendations. Talk with a member of your health care team if you have any questions.

Need for ongoing (adjuvant) treatment for cancer: Yes No

Additional treatment name	Purpose	For how long

SCHEDULE OF FOLLOW-UP VISITS

Doctor's name	When/How often

CANCER SURVEILLANCE/OTHER RECOMMENDED TESTS

Test/Procedure	When/How often

It is important to continue to see your primary care doctor for all general health care recommended for a person of your age, including screening tests for other cancers, when appropriate. You should also tell your doctor about:

1. Anything that could be a brand new symptom
2. Anything that continues to be a persistent symptom
3. Anything you are worried about that might be related to the cancer coming back

Signs or symptoms to tell the doctor about right away: _____

Possible late and long-term effects: _____

What concerns do you have as you transition into survivorship?

- | | | |
|---|---|---|
| <input type="checkbox"/> Emotional and mental health | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Memory or concentration loss | <input type="checkbox"/> Stopping smoking |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Parenting | <input type="checkbox"/> Weight changes |
| <input type="checkbox"/> Financial advice or assistance | <input type="checkbox"/> Physical functioning | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> School/Work | _____ |

Looking for More Patient Information Resources?

Visit www.cancer.net/ascoanswers to see all of the available titles in the *ASCO Answers* series.

ASCO Answers Guides are comprehensive manuals, covering specific cancer types, survivorship, and caregiving. Worksheets and checklists for managing care are included.

ASCO Answers Fact Sheets are brief introductions to different cancer types and topics in diagnosis, treatment, and side effects. More than 70 fact sheets are available, including translations in Spanish, Portuguese, and more.

ASCO Answers Booklets are in-depth guides to specific topics in cancer care, including advanced cancer care planning, pain, cost of care, managing weight, palliative care, and stopping tobacco use.

Patients and Caregivers: For more educational materials, visit www.cancer.net/ascoanswers to find and download all of our available materials.

Oncology Professionals: Bulk quantities of high-quality print materials can be purchased at www.cancer.net/estore or by calling 1-888-273-3508. For free promotional materials for your practice, email contactus@cancer.net.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

2318 Mill Road, Suite 800

Alexandria, VA 22314

Phone: 571-483-1300

Fax: 571-366-9530

www.asco.org | www.cancer.net

For more information about ASCO's patient information resources,
call toll-free 888-651-3038 or e-mail contactus@cancer.net.

To order more copies of this booklet,
call 888-273-3508 or visit www.cancer.net/estore.

WE WANT TO HEAR FROM YOU

If you found this material helpful or if you have comments or suggestions
about how it could be better, please let us know at contactus@cancer.net.