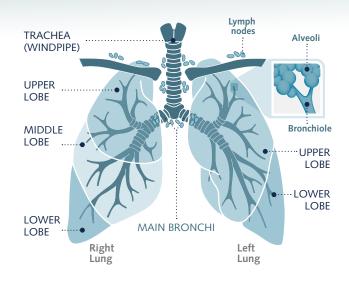
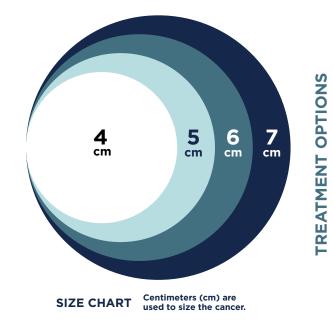
STAGE II LUNG CANCER AND TREATMENT OPTIONS

Non-small cell lung cancer (NSCLC) is staged from I (one) through IV (four). Each of the four stages is further broken down into sub-stages using letters. Both the size of the cancer and if it has spread to the lymph nodes or other parts of the body are used to determine the stage. To find out the stage of your cancer, you will have a number of tests and/or procedures.

Stage II means that your lung cancer has been found early but has spread some from where it started. There are two sub-stages – IIA and IIB.





Lymph nodes are small bean shaped structures throughout your body that help to fight infections and remove harmful substances. Cancer often spreads to the lymph nodes before going to other parts of the body.

STAGE IIA

The cancer is between 4 cm and 5 cm AND has not spread to nearby lymph nodes.

Surgery to remove the cancer is the first choice if possible.

- Lung cancer surgery may be done by:
 - *Thoracotomy*, in which a cut is made in the chest wall to see and reach the lungs and/or other organs.
 - Video Assisted Thoracic Surgery (VATS) or Robotic Assisted Thoracic Surgery (RATS), which are less invasive ways of doing the surgery.

A less invasive surgery usually means smaller cuts, less time in the hospital and shorter time to recover. Ask your doctor if a less invasive way is right for you.

- Depending on where the cancer is and how it looks, the surgeon may take one of the following:
 - *Lobectomy:* Removal of one lobe of the lungs.
 - Bi-lobectomy: Removal of two lobes of the lungs.
 - **Pneumonectomy:** Removal of an entire lung.

Lung cancer surgery involves careful testing of the lymph nodes near the cancer to see if it has spread.

Chemotherapy destroys cancer by killing fast growing cells. Often two types of chemotherapy are given in multiple cycles, with breaks in between to allow your body to recover.

Radiation uses high energy beams to kill or shrink the cancer cells or prevent them from spreading.

Neoadjuvant Therapy

Depending on where the cancer is in your lung, chemotherapy with or without radiation therapy may be recommended before surgery to shrink the cancer, known as neoadjuvant therapy.

Adjuvant Therapy

After your treatment, you may receive more treatment to reduce the chance of the cancer returning, known as adjuvant therapy. This can include another surgery, chemotherapy or sometimes chemotherapy with radiation therapy.

STAGE IIA continued

Stereotactic Body Radiotherapy (SBRT), a special kind of targeted radiation may be used if the cancer is in a place that is hard to reach or if you have other medical conditions or factors that make surgery too risky.

• Stereotactic radiation therapy can deliver higher and more precise doses of radiation to the cancer, without causing as much damage to surrounding healthy tissue.

The cancer may be as large as 5 cm and spread to the nearby lymph nodes OR **STAGE IIB** between 5 cm and 7 cm and spread to the outer lining of the lung or chest wall, but not to the lymph nodes.

Treatment for stage IIB will almost always involve multiple therapies.

- If possible, the cancer should be removed via surgery. There is also a chance of receiving chemotherapy before the surgery to shrink the cancer.
- If surgery is not an option, you may be treated with a form of **radiation** by itself OR a combination of chemotherapy and radiation, known as chemoradiation.
- In almost all cases, adjuvant chemotherapy after surgery and/or radiation is recommended for Stage IIB.

Always think about joining a clinical trial every time you need to make a choice about treatment. By being part of a trial, you may be able to try new ways to treat your cancer and help us learn more about the best ways to treat stage II lung cancer.

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TREATMENT OPTIONS

To learn more about clinical trials, visit LungMATCH.org or contact our HelpLine at 1-800-298-2436 to speak with a Clinical Trial Navigator.