

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/treatment-choices-for-non-small-cell-lung-cancer-by-stage/10818/>

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### Treatment Choices for Non-Small Cell Lung Cancer by Stage

#### Announcer:

This is ReachMD, and you're listening to Closing the Gaps in Non-Small Cell Lung Cancer, sponsored by Lilly.

On today's program, we'll hear from Dr. Christine Bestvina, oncologist and Assistant Professor of Medicine at the University of Chicago. Dr. Bestvina explores staging and treatment modalities for non-small cell lung cancer.

#### Dr. Bestvina:

The treatment of non-small cell lung cancer is based off of the stage or how far the cancer has spread, three different treatment modalities are used, either individually or in combination based off of the stage. Those three modalities are chemotherapy, radiation and surgery.

Our ability to do surgery has certainly grown over the past few decades. Surgeons now are often times able to perform lobectomies using video-assisted thoracic surgery, which can reduce a patient's hospital stay, as well as lead to a more rapid recovery.

With radiation, we have also gotten to a point where we can be much more focal in our radiation that is offered, whether it be through stereotactic body radiation therapy, or SBRT, or stereotactic radiosurgery for CNS metastasis. We're able to oftentimes reduce the radiation effects to the healthy tissue surrounding the tumor in order to improve patient's quality of life while receiving treatment.

For patients who have early stage disease, stage 1, 2, or 3, we're treating for curative intent. Surgery may be an option for patients who have earlier stages of 1 or 2, depending on the extent of disease. If surgery is an option that is always the preferred modality.

For patients who have stage 3 disease with multiple lymph nodes involved and depending on the location of those lymph nodes, the preferred treatment may be a combination of chemotherapy plus radiation, followed by immunotherapy. However, for those patients the treatment is still certainly with curative intent.

For patients who have stage 4 disease or metastatic disease, historically, treatment has been with chemotherapy along. However, increasingly most patients are receiving chemotherapy plus immunotherapy. There's also been interest in incorporating radiation to the care of patients who have oligo metastatic disease, or few sites of cancer spread.

Often times I'll coach my patients from the beginning that our goal with any therapy is to improve their quality of life and lengthen their life for patients who have stage 4 disease however we're not trying to cure their cancer.

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