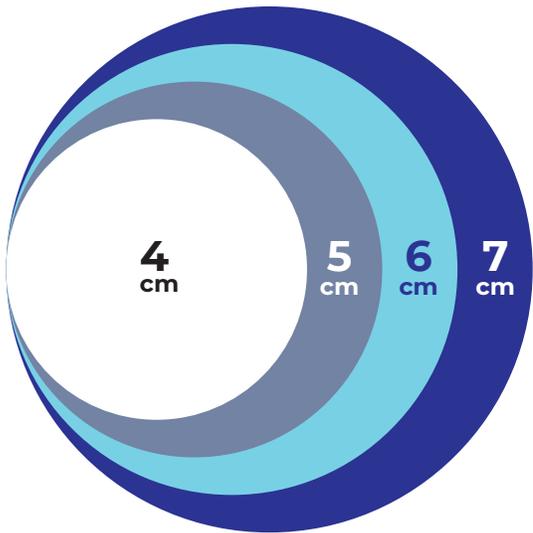
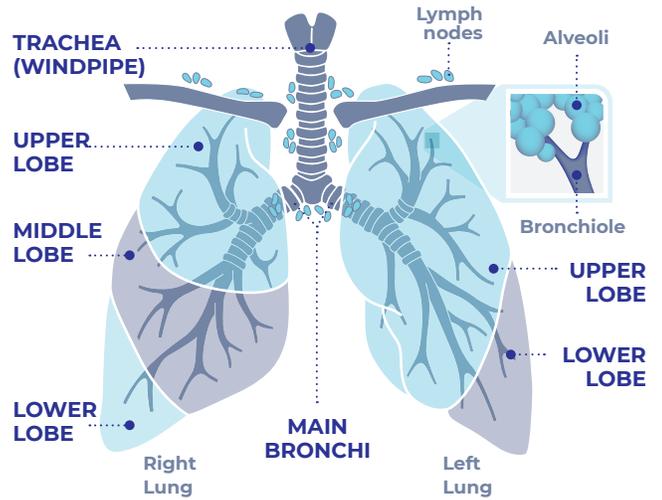


STAGE III

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 III means that your lung cancer has been found in the lungs, lymph nodes and structures around the middle of the chest. There are three sub-stages – IIIA, IIIB and IIIC.



SIZE CHART Centimeters (cm) are used to size the cancer.

STAGE IIIA

The cancer is larger than 7 cm OR is any size and has spread to the rib cage, windpipe (trachea), heart or swallowing tube (esophagus) OR to lymph nodes in the center of the chest (called the mediastinum) or same side of the chest as the main cancer.

STAGE IIIB

The cancer is any size and has spread to the rib cage, windpipe (trachea), heart or swallowing tube (esophagus) AND lymph nodes farther from the main cancer including around the collar bone.

STAGE IIIC

Same criteria as stage IIIB, however the cancer has spread further to distant lymph nodes in the chest.

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.

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.

TREATMENT OPTIONS

The following treatment options apply to stage IIIA, IIIB and IIIC. It is common to receive more than one type of treatment in stage III to reduce the chance of the cancer returning.

Surgery: If surgery is an option, it can be done before and/or after chemoradiation. Surgery is more likely at stage IIIA.

- 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.

Chemoradiation: A combination of **chemotherapy** and **radiation therapy** – recommended as the treatment of choice for stage III, if surgery is not an option.

- **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 cancer cells or prevent them from spreading.

Immunotherapy is given through a vein and uses the body's own immune system to slow or stop cancer growth. It can now be used in stage III NSCLC following chemoradiation OR if you are not able to have surgery or chemoradiation.

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 III lung cancer.

Lung**MATCH**

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.