

IMPACT 3 PATIENTS COUNSELLING TOOL FAQ

1. Q. Why can't I have surgery?
 - A. Your healthcare team has determined that due to the location of the tumour or the involvement of the lymph nodes, surgery is not an option for treating your cancer.

2. Q. Will treatment with chemoradiation and immunotherapy work for me?
 - A. The goal of treatment is to cure the cancer. Chemoradiation followed by immunotherapy is the most effective treatment option for stage III lung cancer and it is the best option for achieving a cure. For some patients this treatment will lead to a cure. For others, this is the best way to control the cancer and prevent it from affecting them for as long as possible. Your doctor or healthcare team will provide information specific to you.

3. Q. How long can I expect to live if I have treatment with chemoradiation and immunotherapy?
 - A. Patients who were treated with chemoradiation + immunotherapy survived longer than the patients who stopped treatment after chemoradiation. Of patients who were treated with chemoradiation and immunotherapy, 57.0% were alive at 3 years, as compared to 43.5% who were alive from the group that was treated with chemoradiation alone¹. This means that if 100 people are treated with chemoradiation + immunotherapy, 14 more people will be alive at 3 years after diagnosis of stage III lung cancer vs treatment with chemoradiation alone.



¹ Gray, JE, et al. *Journal of Clinical Oncology*. 2019. 37:15 Suppl: 8526-8526.

4. Q. What are the side-effects of chemoradiation

- A. Prior to starting treatment, your healthcare team will give you detailed information about the potential side effects that you may experience as well as information on how to manage these side effects and they will support you during treatment.

Side-effects of chemotherapy will depend on the specific drugs that are selected for you by your healthcare team. Common side effects include hair loss, nausea, vomiting, loss of appetite, mouth sores, fatigue, and prone to bruising.².

Side-effects of radiotherapy commonly include difficulty eating and swallowing and fatigue. Other important side effects include skin irritation, lung inflammation. It is important to know that not all patients will experience all side effects, and some patients may only experience minimal effects.

5. Q. What are the side-effects of immunotherapy?

- A. Common side effects of immunotherapy include cough, upper respiratory tract infection, rash, diarrhea and fever. In rare cases, if the immune system becomes “over-active,” it can cause more serious side effects, which can include lung infection and lung inflammation.

Your healthcare team will help you manage any side effects you may experience. If symptoms are caught early, your team can prevent them from getting worse and prevent them from interfering with your treatment schedule.

6. Q. How often will I have to go to the hospital or cancer center

- A. Chemoradiation is given over six to seven weeks. This involves daily visits (Monday to Friday) to the hospital or cancer centre for radiation. Chemotherapy will be given at the same time with the schedule to be determined by your oncologist.

For part 2 of your treatment with immunotherapy you will typically need to go to the hospital/clinic/infusion centre once every two weeks for a year to receive your immunotherapy infusion. You may need to go more often for visits with your medical oncologist or nurse to manage side effects.

² Lung Cancer Canada. Patient’s Guide to Lung Cancer. 6th Edition. 2017. Page 41-42.

7. Q. Why do I have to have immunotherapy for 1 year?
- A. This is the Health Canada approved treatment duration for immunotherapy with durvalumab³.
8. Q. Will I be able to work and go back to having a normal life?
- A. Quality of life generally improves as patients move to part 2 of treatment, immunotherapy. Patients who have already received immunotherapy treatment with durvalumab reported that they had a better sense of well-being, were more independent and had less stress and were able to engage more with their families and loved ones.³
9. Q. Will I be able to make the decision about treatment with my doctor?
- A. You will be able to make the decision about treatment with the help of your healthcare team. Your healthcare team will provide you with information about your diagnosis, treatment options and the pros and cons of treatment. You will be able to weigh the pros and cons of treatment and decide if treatment is best for you and your loved ones.
10. Q. What will happen if I decide not to have treatment?
- A. Without treatment, patients with stage III lung cancer can experience symptoms such as fatigue, pain, shortness of breath, coughing up blood, weakness, anxiety and depression.⁴ The disease can affect your ability to work, travel, socialize and participate in leisure and physical activities that are part of your daily life. Completing your lung cancer treatment program is your best chance for a cure and will give you more time, and importantly, more time with your loved ones. If you decide to forego treatment your healthcare team will aim to keep you as comfortable as possible and to maximize your quality of life.

³ pCODR. Final Clinical Guidance Report: Durvalumab (Imfinzi) for Non-Small Cell Lung Cancer. Page 4. Last Accessed, 26 August 2019.

⁴ pCODR. pERC FINAL RECOMMENDATION. Page 8. Last accessed August 14, 2019.