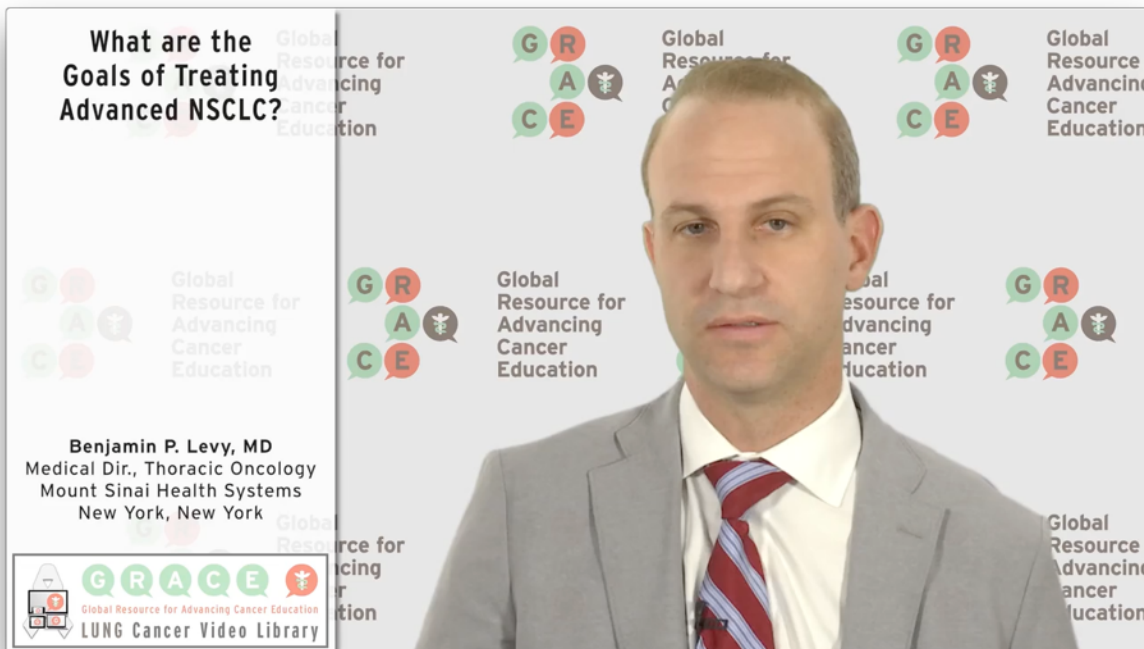




What are the Goals of Treating Advanced NSCLC?



TRANSCRIPT & FIGURES

I think there are several goals when treating a patient with advanced non-small cell lung cancer. For one I think we want to extend life, two is I think we want to palliate symptoms, and three is I think we want to improve quality of life. So all three of those goals are achievable, I think, with the therapies that we have right now.

Now, some of these therapies are targeted drugs, so for patients that have genetic alterations or a genetic makeup that makes them eligible for targeted drugs, then clearly we can offer these drugs and I think we can achieve all three of those goals. But even for patients without genetic alterations, and patients who will not be receiving targeted drugs, I think we can extend life, improve quality of life and palliate symptoms by delivering chemotherapy. I think we know now that chemotherapy is not the chemotherapy of the days of old – these drugs are given in combination, are tolerable and can improve outcomes. We also have now immunotherapy, and so all three types of systemic approaches can help achieve these three goals.

In addition to these three goals, I think it's important that we also have goals of care discussions with patients from the being of treatment. I think what that means is that we really come up with what the shared expectations are for treatment. Patients may ask specific questions like "how many months will additional chemotherapy give me versus no chemotherapy?" I think these questions are fair game. I think we can certainly talk about averages but also tell patients that they're not an average and I would sway doctors or patients receiving information not to stick to exact numbers, but I do think that a goals of care discussion upfront is very important.

That brings into the realm the role of palliative approaches or palliative care. Many patients feel that palliative care is hospice or end of life care, but this is not the case. I think what we know now is that patients who have early palliative care referrals to palliative care specialists in conjunction with their treatment, specifically for lung cancer patients, these patients actually live longer.

So I bring up this whole concept of discussing goals of care very early on so we can make sure that our patients are referred to palliative care specialists who can treat patients alongside us and work in conjunction to help improve outcomes for our patients.

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