MACMILLAN
CANCER SUPPORT

# Targeted therapy and immunotherapy for non-small cell lung cancer

# About this booklet

This booklet is about targeted therapy and immunotherapy drugs for non-small cell lung cancer (NSCLC). It is for anyone diagnosed with non-small cell lung cancer having either of these treatments. There is also information for carers, family members and friends.

The booklet explains how targeted therapy and immunotherapy drugs work, the different drugs used, how these drugs are given, their different side effects and ways to manage these.

We hope it helps you deal with some of the questions or feelings you may have.

It is best to read this booklet along with our general booklet called **Understanding lung cancer** (page 94).

This booklet does not have information about small cell lung cancer. Our booklet **Understanding lung cancer** has information about immunotherapy for small cell lung cancer (SCLC). Targeted therapy drugs are not used to treat SCLC.

We also have other treatment booklets about lung cancer (page 94):

- **Chemotherapy for lung cancer**
- **Radiotherapy for lung cancer**
- **Surgery for lung cancer**.

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

# How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on the next page to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready. On pages 100 to 111, there are details of other organisations that can help.

## Quotes

In this booklet, we have included quotes from people who have had lung cancer, which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory**

## For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

# Contents

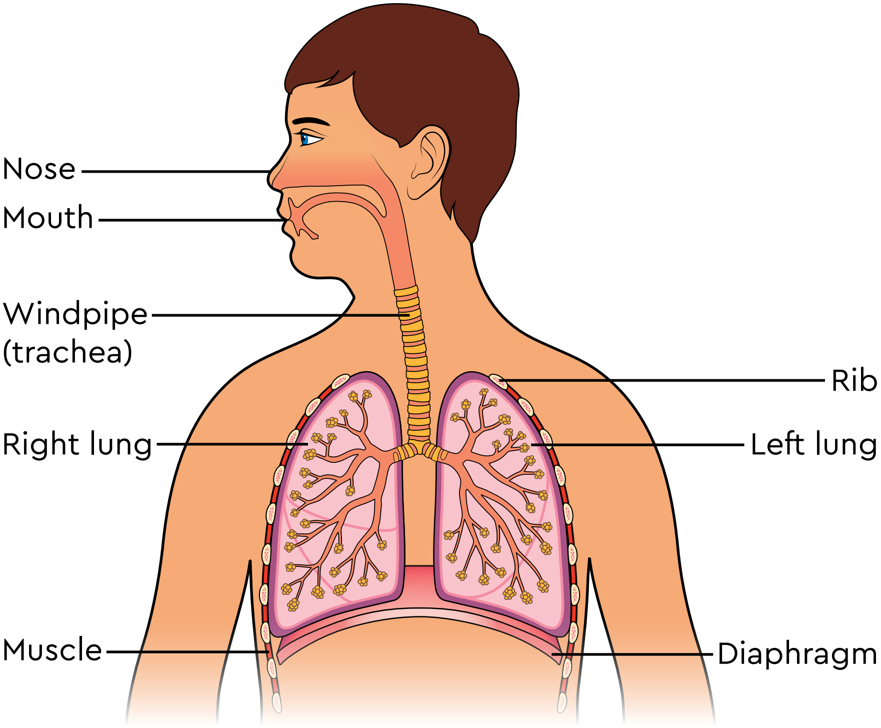
# Lung cancer and non-small cell lung cancer

# About lung cancer

Lung cancer is the third most common cancer in the UK. About 49,200 people are diagnosed with lung cancer each year. It is more common in older people but can also affect younger people.

The lungs are the parts of the body that we use to breathe. They supply oxygen to the organs and tissues of the body. The lungs are divided into areas called lobes. The right lung has 3 lobes, and the left lung has 2 lobes.

## The lungs



Most lung cancers are caused by smoking. This is the biggest risk factor.

Some people who have never smoked can also get lung cancer. Around 15 in 100 people (15%) diagnosed with lung cancer are people who have never smoked. This is known as non-smoking lung cancer. It is more common in younger people. The Ruth Strauss Foundation has more information about non-smoking lung cancer (page 101).

## Finding out you have lung cancer

Being diagnosed with lung cancer can cause many different emotions (page 82). There is no right or wrong way to feel. You may have been worrying about having cancer for a while. Or your diagnosis might have been unexpected.

This information is for people who have already been diagnosed with non-small cell lung cancer (NSCLC) and are going to have targeted or immunotherapy drugs to treat it. You might also be having other lung cancer treatments.

It is best to read this information with our general booklet about lung cancer, **Understanding lung cancer** (page 94). It explains all the different treatments for lung cancer.

You can also find all our information about lung cancer on our website at **macmillan.org.uk/lungcancer**

If you need support, you can contact our cancer support specialists on **0808 808 00 00**. They will be able to talk to you about what has happened and help answer any questions you have.

# Types of lung cancer

There are 2 main types of primary lung cancer:

- Non-small cell lung cancer (NSCLC) which is the most common type of lung cancer.
- Small cell lung cancer (SCLC) which is much less common than NSCLC. About 10% to 15% of lung cancers are SCLC.

Primary lung cancer is cancer that starts in the lung.

The cancer cells are examined in a laboratory by a doctor called a pathologist who is an expert in cell types.

**This information is about non-small cell lung cancer (NSCLC).**

Our booklet **Understanding lung cancer** has information about immunotherapy for small cell lung cancer (SCLC). Targeted therapy drugs are not used to treat SCLC. We have treatment booklets about:

- **Chemotherapy for lung cancer**
- **Radiotherapy for lung cancer**
- **Surgery for lung cancer**.

Non-small cell lung cancer (NSCLC) is the most common lung cancer. There are 3 main types:

- adenocarcinoma – the most common type
- squamous cell carcinoma
- large cell lung cancer – a very uncommon type.

Some non-small cell lung cancers are grouped in terms of whether they produce too much of a protein that helps the lung cancer cells to grow. This happens because the lung cancer cells have a certain gene change (mutation).

They usually affect people with adenocarcinoma NSCLC who have not smoked. They can be more common in younger people, especially women. They are also more common in East Asian people.

These cancers are often treated by targeted therapies (pages 32 to 51). Some NSCLC gene changes include:

- ALK gene change – cancers with this are sometimes called ALK positive lung cancer
- EGFR gene change – cancers with this are sometimes called EGFR positive lung cancer.

The following websites provide support and information that you might find helpful (page 100):

- **alkpositive.org.uk**
- **egfrpositive.org.uk**

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

# Planning your treatment

# Targeted therapy and immunotherapy drugs for non-small cell lung cancer

Cancer drugs are often used to treat non-small cell lung cancer. Targeted therapy and immunotherapy drugs are 2 types of cancer drugs. They work differently to chemotherapy and have different side effects.

You might have targeted therapy or immunotherapy drugs with or after other treatments, such as chemotherapy. Or you might have a targeted therapy or immunotherapy drug as your first treatment.

Cancer drugs are sometimes called systemic anti-cancer therapy drugs, as they treat cancer throughout the body. They are sometimes called SACT drugs for short.

# Information about targeted or immunotherapy drugs

We have detailed information about many targeted and immunotherapy drugs on our website. Use our A-Z of cancer treatments to search for a drug by name:

- **macmillan.org.uk/treatments-and-drugs**

Many newer drugs are becoming available or being developed for lung cancer.

If you cannot find information about the drug you are taking, our general information about targeted and immunotherapy drugs might be helpful to you. You can find this on our website. Visit:

- **macmillan.org.uk/targeted-therapy**
- **macmillan.org.uk/immunotherapy**

You can talk to your cancer team if you want more detailed information about a treatment. Or visit the electronic Medicines Compendium (eMC) website, which has patient information leaflets (PILs) for individual drugs. Visit **medicines.org.uk**

You can also contact our Macmillan Support line to talk to a cancer information nurse specialist (pages 96 to 97). They can talk you through information about your diagnosis and treatment. Call **0808 808 00 00**.

# What cancer drugs are available?

England, Scotland, Wales and Northern Ireland have separate systems that decide what cancer drugs are available. This means that sometimes a drug we mention in this booklet might be available on the NHS in 1 UK country but not in another.

In England and Wales, the National Institute for Health and Care Excellence (NICE) advises which new drugs and treatments should be available on the NHS.

Scotland and Northern Ireland have their own systems for approval for new drugs. They may have similar guidance to NICE or there might be differences.

If a drug is not available on the NHS there might be different ways to access it. You and your cancer doctor need to agree you could benefit from it.

For example, some drugs are available through the Cancer Drugs Fund in England. In other parts of the UK, including England, your doctor might request that the drug is funded for you. There are different ways of doing this depending on which UK country you live in.

You can find out more about what you can do if a cancer drug is not available in your area on our website. Visit **macmillan.org.uk/treatment-not-available**

# Your treatment plan

After a diagnosis of lung cancer, a team of specialists meet to talk about the best treatment for you. This is called a multi-disciplinary team (MDT). After the MDT meeting, you usually meet your cancer team to talk about your treatment options.

This multi-disciplinary team (MDT) will include:

- a thoracic surgeon – a doctor who does operations and specialises in lung surgery
- a clinical oncologist – a doctor who uses radiotherapy, chemotherapy and targeted and immunotherapy drugs to treat people with cancer
- a respiratory specialist – a doctor who is an expert in chest and breathing conditions
- a clinical nurse specialist (CNS) – a nurse who gives information about cancer, and support during treatment
- a radiologist – a doctor who looks at scans and x-rays to diagnose problems
- a pathologist – a doctor who looks at cells or body tissue under a microscope to diagnose cancer.

The team may also include other healthcare professionals, such as:

- a palliative care doctor or nurse – someone who specialises in symptom control
- a dietitian – someone who gives information and advice about food and food supplements
- a physiotherapist – someone who gives advice about exercise and mobility.

> **"Everything felt like a giant plate of spaghetti that I couldn't unravel. The Macmillan nurse was amazing. She helped me make sense of it all and got my thinking straight. It also helped prepare me to ask all the right questions when I had my next clinic consultant appointment."**

Natasha, diagnosed with lung cancer

The MDT looks at different things to help them to decide which treatment options are likely to work best for you. This includes:

- the stage and type of lung cancer
- the results of tests on the lung cancer cells (pages 20 to 22)
- your general health
- how able you are to do everyday things – this is called your performance status (page 19)
- your treatment preferences
- lung cancer treatment guidelines.

We have information about staging and grading on our website and in the booklet **Understanding lung cancer** (page 94).

## Talking about your treatment plan

After the MDT meeting, you will usually meet with your cancer doctor and specialist nurse. They will talk to you about the aims of your treatment and tell you what your treatment options are. You can make decisions together with your team. This is called shared decision making.

You will need more information about different options for your treatment, and how it is likely to affect you. The aim is to reach a decision about your treatment or care that is right for you.

Before you meet with them it can help to write down your questions. You may want to ask a family member or friend to come with you. They can help remember what is said and talk with you about it afterwards.

It is important to understand how a treatment may affect you before giving permission (consent) to have treatment. Your cancer doctor or nurse will explain what each treatment involves and how it may affect you.

Your cancer team should explain:

- the aim of the treatment – whether it is to cure the cancer or control it
- the benefits of the treatment
- the disadvantages of the treatment – for example, the risks and side effects
- any other treatments that may be available
- what might happen if you do not have the treatment.

Your doctor or nurse might give you printed information or show you videos about your treatment options.

Your doctor may talk to you about having targeted or immunotherapy drugs as part of a clinical trial. We have more information about clinical trials (page 23).

# Your performance status

When deciding on the best treatment for you, your cancer doctor checks your overall health. They also measure how well you can do ordinary daily activities. This is sometimes called your performance status. It helps you and your doctor think about how a treatment may affect your:

- ability to take care of yourself
- quality of life
- ability to do things that are important to you.

Doctors use different scales to help them to measure your performance status. They usually give a grade or performance score between 0 and 4.

A score of 0 means you are fully active and can do all the things you did before your cancer diagnosis. A score of 4 means you are spending most of your time in bed, needing full care.

You and your doctor can make decisions about which treatments are best for you, based on your performance score.

# Tests on the cancer cells

You will have tests on the lung cancer cells to check which cancer drugs are more likely to work for you. This is called molecular testing or biomarker testing.

Usually, the tests are done using samples taken during a biopsy to diagnose lung cancer or during surgery to remove the cancer. If you need treatment for lung cancer that has come back, you may have another biopsy. This is because the cancer cells may have changed and may now give different test results.

Some things the tests can check for include whether the cancer cells have:

- certain gene changes (mutations) that result in the cancer cells producing too much of a protein that encourages the cells to grow
- high levels of a protein that prevents the immune system from being able to attack the cancer cells.

If the lung cancer cells have a gene change, your doctor will talk to you about having treatment with a targeted therapy drug. These gene changes are not inherited and cannot be passed from a parent to children.

If the lung cancer cells have enough of a protein called PDL1, the cancer is likely to respond to immunotherapy. Immunotherapy drugs can still be given even without a positive PDL1 result so not everyone needs a test.

Your cancer doctor or specialist nurse will tell you more about testing for gene changes. They can explain what the results mean for your treatment options. You and your cancer doctor can then decide on the best treatment for you.

## Liquid biopsy

Tests can also be done on a blood test sample but this is much less common. It is called a liquid biopsy.

Liquid biopsy checks the blood sample for:

- cancer cells called circulating tumour cells (CTCs)
- pieces of genetic material called DNA, from cancer cells called circulating tumour DNA (ctDNA).

These can then be tested for certain types of gene changes.

Liquid biopsies are not commonly done right now, but are likely to become more common.

> **"I found it reassuring to know that the cancer is not hereditary, because the mutations are isolated to just the tumour site. I was so relieved to know I couldn't pass it on to my daughters."**
>
> Natasha, diagnosed with lung cancer

# Getting test results

You might wait a few weeks to get the results of your tests. This can be a worrying time. You may worry the test results will not give the result you want. But if a certain drug is not suitable for you, your cancer doctor or nurse will explain other possible treatment options.

Talking to a partner, family member or close friend can help.

You can also talk to one of our cancer support specialists.

Call the Macmillan Support Line free on
**0808 808 00 00**, 7 days a week, 8am to 8pm. ☎

# Clinical trials – research

Clinical trials are a type of medical research involving people. They are important because they show which cancer drugs or treatments are most effective and safe. This helps healthcare teams plan the best treatment for the people they care for.

Trials may test how effective a new cancer drug or treatment is compared to the current treatment used. Or they may get information about the safety and side effects of treatments.

Some trials may test whether combining treatments is more effective. Or they may research different ways to give a cancer drug or treatment so it works better or causes fewer side effects.

## Taking part in a clinical trial

Your cancer doctor or specialist nurse may talk to you about taking part in a clinical trial. Or you could ask them if there are any trials suitable for you.

Joining a trial is always your decision. If you join and then change your mind, you can leave at any time. You do not have to give a reason. Your healthcare team will support you whatever you decide. You will always have the standard treatment for the type and stage of lung cancer you have.

We have more information about clinical trials on our website. Visit **macmillan.org.uk/clinical-trials**

# Preparing for treatment

Your cancer team will give you information about your treatment and its possible side effects. They will tell you what to expect and how to prepare. This can help you get organised and feel more in control.

Your cancer doctor or specialist nurse will talk to you about any tests, scans or check-ups you need before your treatment begins.

You might need tests to find out more about the stage of lung cancer.

You may also need tests to check your general health. Some drugs can affect organs, such as the heart or the kidneys. Your cancer team may do tests to check how well these organs are working before you start treatment. You will also have blood samples taken.

We have information about lung cancer tests and scans.
Visit **macmillan.org.uk/lungcancer**

## Stopping smoking

Stopping smoking might reduce the impact of some side effects.
It can also improve your general health.

It can be difficult to stop smoking, especially when you are stressed. Your hospital will usually have a service to support you. Using the NHS Stop Smoking Services improves your chances of success. Your GP can also give you support and advice. They can provide nicotine replacement therapies on prescription.

You can find stop smoking services on pages 104 to 105.

We have more information about stopping smoking.
Visit **macmillan.org.uk/stop-smoking**

## Dental checks

Your doctor or nurse may advise you to have a dental check-up before starting treatment. If your teeth or dentures are in good condition, this reduces the risk of problems with your mouth during treatment. If you need dental work during treatment always talk to your cancer doctor or nurse first.

## Help at home

Lung cancer treatments can make you tired, so you may need help with everyday tasks. Family and friends often want to help. If you live alone or are caring for someone else, ask to talk to the hospital social worker about getting help.

## Work

Some people decide to continue working during treatment. If you want to do this, talk to your employer or the HR department. They can give you support and look at making adjustments to protect you. This could include working part-time or working from home. We have information about work and cancer on page 88.

## Fertility

Some cancer drugs can affect whether you can get pregnant or make someone pregnant. If you are worried about this, it is important to talk with your doctor before you start treatment.

We have more information in our booklet **Cancer and fertility** (page 94).

# Contraception

Your cancer team will advise you not to get pregnant or make someone pregnant while having cancer drug treatments and for some time afterwards. The drugs may harm a developing baby.

It is important to use contraception to prevent pregnancy.

Follow their advice about:

- what types of contraception to use
- how long after treatment you should continue to use contraception.

# Other medicines and treatment

Some medicines can affect how cancer drugs work or be harmful when you are having treatment. Always tell your cancer doctor about any drugs you are taking or planning to take, such as:

- medicines you have been prescribed
- medicines you buy in a shop, pharmacy or online
- vitamins or supplements
- herbal drugs and complementary or homeopathic therapies
- recreational drugs – for example, cannabis.

If you need medical treatment for any reason other than cancer, always tell the healthcare professional that you are having cancer treatment. Give them the contact details for your cancer doctor or cancer team so they can ask for advice.

We have more information about complementary therapies in our booklet **Cancer and complementary therapies** (page 94).

# Vaccinations

Cancer doctors usually recommend that people with cancer have vaccinations for flu and coronavirus (covid). They may also recommend other vaccines, such as Shingrix® for shingles. These all help reduce your risk of serious illness from these infections. Most people can have these vaccines, including people with weak immune systems.

You should not have live vaccines if your immune system is weak. This includes if you are having or recently had chemotherapy, radiotherapy or other cancer treatments that affect your immune system. Live vaccines can make you unwell because they contain a very weak version of the illness they protect you against. There are several live vaccines. These include the yellow fever vaccine and Zostavax®, which is a different type of shingles vaccine.

It is important to ask your doctor, nurse or pharmacist for advice about having vaccinations. They can explain what vaccines are right for you and when it is best to have them.

We have more information about coronavirus vaccinations on our website. Visit **macmillan.org.uk/coronavirus/vaccine**

# How to contact the hospital

You will be given phone numbers to contact the hospital if you need advice on side effects. It is very important to follow the advice you are given by your doctor, nurse or pharmacist about getting in touch about side effects.

If you have side effects that are making you feel unwell or getting worse contact the hospital straight away. You should contact the hospital if, for example, you:

- have a raised temperature
- feel unwell
- need advice on side effects.

The phone numbers should include out-of-hours contact details for evenings, during the night or at the weekend. Some cancer centres have a 24-hour number you can call at any time for advice.

It is very important to keep the numbers somewhere safe and to follow the contact advice you have been given. You could save the numbers in your phone or keep them in your Macmillan Organiser.

You can order a Macmillan Organiser for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

# Patient alert card

If you are having immunotherapy, your cancer team will give you a card with information about your treatment. They give you this card because immunotherapy drugs can cause serious, life-threatening side effects. You should keep this card with you during treatment and after treatment ends.

Show your card to any doctor or healthcare professional caring for you. It will make sure you are seen immediately if needed. For example, if you are unwell, show it to:

- the receptionist at your GP or A&E (emergency department)
- any healthcare professional you meet, including ambulance staff.

Give them the contact details for your cancer doctor so they can ask for advice.

You may also find our **Cancer treatment alert card** useful (page 94). The leaflet lists some important side effects you may get. It also tells you what to do if you develop them.

# Targeted therapy

# Targeted therapy drugs

Targeted therapy drugs are often used to treat non-small cell lung cancer (NSCLC). They are usually used to treat locally advanced or advanced lung cancers. We have information about the stages of lung cancer on our website and in our booklet **Understanding lung cancer** (page 94).

You may have them on their own or with other cancer treatments. If a targeted therapy drug is likely to work well for you, it might be your first treatment.

You might have a targeted therapy drug:

- on its own
- after or with chemotherapy
- after lung cancer surgery to reduce the risk of the cancer coming back (called adjuvant therapy).

We have more information about chemotherapy and surgery for lung cancer in our booklets **Chemotherapy for lung cancer** and **Surgery for lung cancer** (page 94).

## How do targeted therapy drugs work?

Targeted therapy drugs target something in or around the cancer cell that is helping it to grow. There are different types of targeted therapy drugs for lung cancer. They work in slightly different ways.

For example, a targeted therapy drug might target:

- a gene change (mutation) in the cancer cell – genes are the instructions a cell needs to work properly
- a protein in or around the cancer cell.

A gene change means the cell may not give the correct instructions anymore. The cancer cells might then make too much of a certain protein or make an abnormal protein. These help the cancer cells to grow.

Different drugs target gene changes or proteins that are helping the cancer cells to grow. They block how the lung cancer cells signal or interact with other cells. This stops the cancer cells from growing and dividing. Drugs that work this way are called cancer growth inhibitors.

Some targeted therapy drugs also stop the cancer from developing new blood vessels. The cancer cells die because they cannot get the nutrients they need. Drugs that work this way are called angiogenesis inhibitors.

Because they target cancer cells directly, these drugs often cause fewer side effects. Unlike chemotherapy, they do not destroy normal, healthy cells.

## How long do I have targeted therapies for?

You usually have a targeted therapy drug for as long as it works for you and side effects are not causing you problems. But some drugs might be given for a set period of time.

If the cancer grows while you are taking a targeted drug, your doctor might talk to you about having a different drug.

# Targeted therapy drugs for NSCLC

Targeted therapy drugs for non-small cell lung cancer (NSCLC) are usually taken as tablets or capsules. You take them at home. You have regular clinic visits to check how you are feeling and to monitor side effects.

The drug you have depends on the gene change in the lung cancer cells.

## EGFR gene change

The epidermal growth factor receptor (EGFR) gene is the most common gene change (mutation) in non-small cell lung cancer. It makes an abnormal form of EGFR protein, which makes cancer cells grow. This is sometimes called EGFR positive lung cancer.

It is more common in people with adenocarcinoma type NSCLC, non-smokers, women and Asian people.

Your doctor may talk to you about taking 1 of the following targeted therapy drugs:

- gefitinib (Iressa®)
- afatanib (Giotrif®)
- erlotinib (Tarceva®)
- dacomitinib (Vizimpro®)
- osimertinib (Tagrisso®) may be used after lung cancer surgery.

These drugs block signals from EGFR to the cancer cells and stops them growing. They are also known as EGFR inhibitor drugs.

Common side effects include:

- diarrhoea
- feeling sick
- tiredness (fatigue)
- skin rash and nail changes.

We have more information about these drugs on our website.
Visit **macmillan.org.uk/treatments-and-drugs**

EGFR Positive UK is a national charity. It provides information and support to people with EGFR positive lung cancer and their families (page 100).

> **"The team were phenomenal. They helped me understand that because the cancer was driven by this mutation in the EGFR gene, it could also be stopped by targeted therapy and other available treatments. It was really reassuring."**
>
> Natasha, diagnosed with lung cancer

# ALK gene change

Some NSCLCs have a change in a gene called anaplastic lymphoma kinase (ALK). It makes an abnormal protein that can make the cancer cells grow. This is sometimes called ALK positive NSCLC.

It is more common in younger people, especially women and non-smokers.

Your doctor may talk to you about taking 1 of these drugs:

- alectinib (Alecensa®), which can also be used after lung cancer surgery
- crizotinib (Xalkori®)
- ceritinib (Zydakia®)
- brigatinib (Alunbrig®), if you have already had crizotinib
- lorlatinib (Lorviqua®), after you have already had other ALK drugs.

Common side effects include:

- feeling sick
- tiredness
- diarrhoea or constipation
- changes to eyesight
- fluid retention, such as ankle swelling.

ALK Positive UK provides support to people with this type of lung cancer (page 100).

# ROS1 gene change

If the lung cancer cells have a change in a gene called ROS1 your doctor may talk to you about taking either of these drugs:

- crizotinib (Xalkori®)
- entrectinib, if you have not already had a ROS1 inhibitor drug.

This gene change is more common in younger women and people with adenocarcinoma type NSCLC.

Some common side effects include:

- increased risk of infection
- anaemia (low number of red blood cells)
- diarrhoea or constipation
- tiredness
- changes to eyesight.

We have more information about individual drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

# BRAF V600 gene change

If the lung cancer cells have this gene change, your doctor might advise a combination of the drugs:

- dabrafenib (Tafinlar®)
- trametinib (Mekinist®).

You usually have these drugs as your first treatment. The BRAF V600 gene change is more common in women and people with adenocarcinoma type NSCLC.

Common side effects of this treatment include:

- high temperatures
- increased risk of bleeding
- feeling sick
- diarrhoea or constipation
- headaches
- dizziness.

We have more information about individual drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

# MET gene change

If NSCLCs have a specific change in a gene called MET ex14 skipping alteration, you might have a drug called tepotinib (Tepmetko®). Some people have it after chemotherapy, or as a  first treatment.

Some common side effects include:

- fluid retention and swelling
- feeling sick and tummy pain
- diarrhoea or constipation
- tiredness.

## RET gene fusion change

A small number of people with NSCLC have a change in the RET fusion gene. Fusion means the gene joins with part of another gene.

You might have a drug called selpercatinib (Retsevmo®) if you have advanced NSCLC and both of the following:

- You need more treatment after having chemotherapy or immunotherapy.
- You have not had treatment with another RET inhibitor drug.

Common side effects include:

- allergic reaction
- bruising and bleeding
- skin rash
- diarrhoea
- constipation.

## KRAS gene change

Some NSCLCs have a specific gene change in the KRAS G12C gene. You might have a drug called sotorasib (Lumykras®). This is usually if you have already had chemotherapy with either cisplatin or carboplatin, or immunotherapy, or you cannot have these treatments.

Common side effects include:

- diarrhoea
- sickness
- liver changes
- tiredness.

## NTRK gene change

If NSCLC has a gene change in 1 of the NTRK genes, you might have a drug called entrectinib (Rozlytrek®). This drug is also used to treat lung cancers with the ROS1 gene change (page 37).

Common side effects include:

- tiredness
- increased risk of infection
- anaemia
- weight gain.

We have more information about individual drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

# Nintedanib (Vargatef®)

Nintedanib (Vargatef®) is a targeted therapy drug that blocks proteins from sending signals to the cancer cells to grow. It also stops the cancer cells from developing new blood vessels. Nintedanib is used to treat adenocarcinoma type NSCLC.

You might have nintedanib with the chemotherapy drug docetaxel if the cancer has:

- spread outside the lung, or to other parts of the body
- come back in the lung area and chemotherapy has not helped.

Common side effects include:

- diarrhoea
- feeling sick (nausea)
- tummy pain
- an increased risk of infection.

We have more information about individual drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

# Taking your targeted therapy drugs

Your cancer team will give you the tablets or capsules to take at home. Aways take them exactly as they explain. This is important to make sure the treatment works as well as possible for you.

With certain targeted therapy drugs, you should not eat grapefruit or drink grapefruit juice as it may increase side effects.

Your cancer team may also give you anti-sickness drugs and other medicines to take home.

Other things to remember about your capsules or tablets:

- Keep them in the original package and at room temperature, away from moisture, heat and direct sunlight.
- Keep them safe, where children cannot see or reach them.
- If you are sick (vomit) just after taking them, do not take an extra dose. Take your next dose at the usual time.
- Do not throw away unused capsules or tablets. Return them to your cancer team at the hospital.

# Side effects of targeted therapy drugs

The side effects depend on the type of drug you have. With some targeted drugs you might have very few side effects.

But if left untreated, some side effects can become serious. Your cancer team will give you information about the possible side effects of the drug you are having. They will monitor you with regular check-ups and blood tests.

Always tell your cancer team about:

- any side effects you have
- side effects that are getting worse or not improving.

## Contacting the hospital

If you need advice or feel unwell, contact the hospital on the 24-hour contact number your cancer team gave you. Sometimes side effects can become serious very quickly. Always contact the hospital straight away for advice.

We have more information about contacting the hospital on page 28.

# Managing side effects

Targeted therapy side effects can begin within days of starting treatment. But it is more common for them to happen weeks or months later.

Side effects can improve over time. Most side effects stop when you finish taking the drug. Some people may have side effects that continue after treatment. Your cancer team will give you advice on what you can do to manage side effects. They will prescribe drugs or other treatments to reduce certain side effects.

Sometimes the targeted therapy dose might need to be reduced or stopped for a time until side effects improve.

We have included information about some side effects of targeted drugs. You might get some of the side effects mentioned, but you are unlikely to get all of them.

## Feeling tired

Feeling tired is a common side effect. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can give you more energy. If you feel sleepy, do not drive or use machinery.

## Feeling sick

If you feel sick tell your cancer team. Your cancer doctor, nurse or pharmacist can prescribe you anti-sickness drugs. Take the drugs exactly as they tell you to. Any sickness is usually mild and often improves over time.

## Diarrhoea

This treatment may cause diarrhoea. Diarrhoea means passing more stools (poo) than is normal for you, or having watery or loose stools. You may also have stomach cramps. If you have a stoma, it may be more active than usual.

If you are passing loose stools 3 or more times a day and this is not normal for you, contact the hospital as soon as possible on the 24-hour number. Follow the advice they give you about:

- taking anti-diarrhoea medicines
- drinking enough fluids to keep you hydrated and to replace lost salts and minerals
- any changes to your diet that might help.

They might also ask you for a specimen of your stool to check for infection.

## Tummy (abdominal) pain

Some people have pain or discomfort in their tummy during treatment. Tell your cancer doctor, nurse or pharmacist if this happens. Rarely, certain targeted therapy drugs might cause a hole (perforation) in the bowel.

Contact the hospital straight away on the 24-hour number if you:

- have severe pain in the tummy
- are bleeding from the back passage (rectum)
- have black stools (poo)
- are vomiting up blood or have vomit that looks like coffee grounds.

## Skin changes

Different skin changes can include:

- a skin rash that looks like acne
- dry, itchy or scaly skin
- sensitivity to sunlight
- change in skin colour
- tenderness of the palms of the hands and soles of the feet.

There are things you can do to look after your skin during treatment:

- Wash with lukewarm water using mild, unperfumed, soap-free cleansers.
- Do not use anti-acne products unless prescribed by your cancer doctor.
- Do not use products containing alcohol.
- Moisturise your skin regularly with unperfumed moisturisers.
- Use a sun cream with a high sun protection factor of at least SPF 50 to protect your skin when you go out. Cover up with clothing.

Contact the hospital straight away on the 24-hour number if you notice skin changes. You may need creams, steroids or antibiotics. Your doctor may stop your treatment until the skin changes improve. They usually improve when treatment ends.

## Hair changes

Some targeted therapy drugs might cause hair changes. But this depends on the drug you have. They might cause:

- some gradual hair loss a few months after treatment starts
- a change in the texture or colour of your hair
- more hair growth on your face or chest
- your eyelashes to grow longer or eyebrows to get thicker.

Do not try to cut your eyelashes yourself. Your cancer team can arrange for an eye doctor to do this.

Any hair changes usually go back to normal after treatment ends.

## Effects on the eyes

Some targeted drugs might cause sore, dry, itchy or red eyes. Your doctor, nurse or pharmacist can give you advice and eye drops to help with this. Contact the hospital straight away on the 24-hour number if you notice:

- your eyes get red and inflamed (conjunctivitis)
- you have pain in your eyes
- you notice any change in your vision
- your eyes become more painful or sensitive to light.

## Muscle or joint pain

You may get pain in your muscles or joints for a few days after treatment. If this happens, tell your doctor, nurse or pharmacist. They can give you painkillers and advice. They can also tell you if any of the painkillers you usually take are suitable.

Tell them if the pain does not get better.

## Headaches

This treatment may cause headaches. If you have headaches, tell your doctor, nurse or pharmacist. They can give you advice about painkillers that may help. Tell them if the headache does not get better, or gets worse.

## Fluid build-up

This treatment can cause a build-up of fluid in the body. This will slowly get better after treatment ends. Contact the hospital on the 24-hour number if you:

- are gaining weight
- have swelling in your face, legs or ankles.

They can give you and advice and treatment to help.

## Effects on the lungs

This treatment can cause changes to the lungs.

Tell your doctor, nurse or pharmacist if you develop:

- a cough that does not go away
- wheezing
- breathlessness.

You should also tell them if any existing breathing problems get worse. You may have tests to check your lungs.

## Changes to your blood pressure

This treatment may cause high or low blood pressure. Tell your doctor if you feel dizzy or have headaches. The nurses will check your blood pressure regularly.

## Effects on the heart

Targeted drugs can affect how the heart works. You might have tests to check how well your heart is working. If the treatment is causing heart problems, your doctor may need to reduce the dose of your treatment, stop it for a while, or stop it completely.

Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- breathlessness
- dizziness
- changes to your heartbeat
- swollen feet and ankles.

Other conditions can cause these symptoms, but it is important to get them checked by a doctor.

Always call **999** if you have:

- chest pain, pressure, heaviness, tightness or squeezing across the chest
- difficulty breathing.

If your symptoms are caused by this treatment, you may need steroids. You may be monitored in hospital for a time.

## Blood clot risk

The cancer itself and some targeted drugs can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker than the surrounding skin
- suddenly feeling breathless or coughing.

Always call **999** if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

We have more information at **macmillan.org.uk/blood-clots**

# Immunotherapy

# Immunotherapy drugs

Immunotherapy drugs make the immune system become more active. This makes the drugs better at finding and attacking cancer cells. The immune system protects the body against illness and infection.

There are different types of immunotherapy drugs. Checkpoint inhibitors are the most common type used to treat non-small cell lung cancer (NSCLC). Checkpoint inhibitors are sometimes called CPIs for short. When we talk about immunotherapy drugs in this booklet we mean CPIs.

They are usually used to treat advanced lung cancer and sometimes locally advanced lung cancer. We have information about the stages of lung cancer on our website and in our booklet **Understanding lung cancer** (page 94).

A nurse usually gives you these drugs through a drip into your vein. This is called an infusion. An immunotherapy drug called atezolizumab (Tecentriq®) can also be given as an injection under the skin (subcutaneous).

## How checkpoint inhibitor drugs work

Checkpoint inhibitor drugs affect a white blood cell called a lymphocyte or a T-cell. T-cells are an important part of the immune system. When these cells are active they can attack cancer cells.

Checkpoint inhibitor drugs for NSCLC block a protein called PD-1 found on lymphocytes. They also block another protein called PD-L1 found on the lung cancer cells.

Signals between these 2 proteins trick the immune system into thinking that there is no threat from cancer cells. CPI drugs can block either of these proteins and stop them sending signals to switch off lymphocytes. This means the lymphocytes stay active and destroy the cancer cells.

Other CPI drugs might be used to block different proteins. Ipilimumab (Yervoy®) blocks a protein called CTLA-4. This protein stops the immune system from attacking cancer cells. This drug is given with another drug that blocks the PD1 protein.

### Tests on the cancer cells

You might have tests on the cancer cells to check the levels of PD-L1. The results can tell your doctor how likely these drugs are to be helpful. If there are high levels of PD-L1 they may advise having an immunotherapy drug on its own. This depends on other treatments you have already had.

But these drugs can still work for you even if results do not show high levels of PD-L1. Not everyone needs a test before having an immunotherapy drug.

## When immunotherapy drugs are given

Immunotherapy drugs can also be given:

- on their own
- together with chemotherapy drugs
- with a targeted therapy drug or another immunotherapy drug
- after lung cancer surgery or sometimes before surgery with chemotherapy.

## How long do I have immunotherapy for?

You might be able to have these drugs for up to 2 years. This depends on any of the following reasons:

- How helpful the drug is in controlling the cancer.
- How the side effects affect you.
- Why you are having immunotherapy. For example, if you have immunotherapy after surgery to reduce the risk of the cancer coming back (adjuvant treatment) you usually have it for 1 year. If you are having it before surgery (neo-adjuvant treatment) you have it over several weeks.

If side effects are making you unwell, the drug might need to be reduced or stopped for a time until you feel better. If you have serious side effects your doctor may advise stopping the treatment. They can then talk about other possible treatment options for you.

It is normal to worry about a treatment coming to an end. But immunotherapy drugs can keep working for a time even after treatment is stopped. You will then be monitored closely with tests to make sure the cancer is not growing.

# Which immunotherapy drugs may be used?

## Pembrolizumab (Keytruda®)

Pembrolizumab may be your first treatment if the cancer cells show high levels of the PD-L1 protein. This is because it is more likely to work well for you.

If you have locally advanced lung cancer that can be removed with surgery, you might also have pembrolizumab. But this is not yet standard treatment.

It is usually given every 3 weeks or every 6 weeks.

## Atezolizumab (Tecentriq®)

This drug may be given:

- as a first treatment on its own, if you cannot have chemotherapy
- after treatment with chemotherapy
- with a targeted therapy drug called bevacizumab (Avastin®) and chemotherapy
- if you have already had an EGFR or ALK targeted therapy drug, or if they are not suitable for you
- after surgery for some early and locally advanced cancers, to reduce the risk of lung cancer coming back (adjuvant treatment).

Atezolizumab can be given every 2, 3 or 4 weeks.

## Durvalumab (Imfinzi®)

This drug might sometimes be given as ongoing treatment to control the cancer. This is sometimes called maintenance treatment. You might have durvalumab if you have had chemotherapy and radiotherapy given together and it has worked well.

You have durvalumab every 4 weeks for up to 1 year.

## Nivolumab (Opdivo®)

Nivolumab can be given in the following ways:

- You may have it on its own after you have already had treatment with chemotherapy, usually every 2 or 4 weeks.
- You may have it before surgery, with chemotherapy to shrink the cancer. This is usually when the cancer has spread to the lymph nodes or there are bigger tumours in the lung. You will be given nivolumab usually every 3 weeks for up to 3 cycles of treatment.

## Ipilumumab (YERVOY®) and nivolumab

These 2 immunotherapy drugs may be given together, but this is usually in a clinical trial (page 23).

We have more information about individual drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

# Having immunotherapy treatment

You will usually have immunotherapy in a cancer drugs day unit or outpatient clinic. Some people might need a short stay in hospital to have their treatment.

Immunotherapy drugs are given into a vein (intravenous) by a nurse. They will explain what will happen. They will also ask you how you have been feeling to make sure you feel well enough.

The nurse will check your temperature and blood pressure and might weigh you. You will usually have blood samples taken.

You might have to wait for blood test results before you have treatment. If your blood results are okay, the pharmacy team will prepare the treatment.

You can take some things with you to help pass the time and feel more comfortable. For example, you could bring something to read or listen to, and a drink or snack.

After you have had your treatment, you may be given drugs to take at home. This may include anti-sickness drugs, steroids or any other tablets you need to take.

Your nurse or pharmacist will explain these to you. They will also give you and your family or friends information and support about what to expect after you have had treatment. This includes information on side effects (pages 62 to 73) and when to contact the hospital. You might also speak to your cancer doctor or a specialist immunotherapy nurse.


STOP

# Having immunotherapy drugs into a vein

The immunotherapy drugs can be given through:

- a cannula – a short, thin tube the nurse puts into a vein in the back of the hand or the lower arm
- a central line – a fine tube that goes under the skin of the chest and into a vein close by
- a PICC line (peripherally inserted central venous catheter) – a fine tube that is put into a vein in the arm and goes up into a vein in the chest
- an implantable port (portacath) – a disc that is put under the skin on the chest or arm and goes into a vein in the chest
- an injection under the skin.

When your cannula, line or port is in place, the immunotherapy drugs can be given into it by injection, as a drip or through a pump.

You usually have immunotherapy drugs over 30 minutes to 1 hour. Your cancer team will explain how often you will have these drugs. It depends on the drug you are having.

## Allergic reaction

Immunotherapy drugs might cause an allergic reaction while they are being given or a few hours after. But this is rare. Your nurse will check you for signs of a reaction during your treatment.

If you feel unwell or have symptoms, for example, feeling flushed, breathless or itchy, tell the nurse straight away.

If you do have a reaction, it can be treated quickly.

# Side effects of immunotherapy

Different immunotherapy drugs can cause different side effects. Your cancer team will give you information about possible side effects before you start immunotherapy treatment.

You may get some of the side effects they mention, but you are unlikely to get all of them.

Your cancer team can give you:

- drugs to help control some side effects.
- advice about managing your side effects.

It is important to take any drugs exactly as explained. This means they will be more likely to work for you.

## Contacting the hospital

If you need advice or feel unwell contact the hospital on the 24-hour contact numbers your cancer team give you. Sometimes side effects can become serious very quickly. Always contact the hospital straight away for advice.

Always have your patient alert card with you during treatment and after treatment ends.

# Immune system side effects

Immunotherapy drugs can cause immune-related sided effects. Sometimes these can be very serious. Although serious side effects are less common, it is very important to know about them.

Sometimes the drug might need to be stopped for a time until side effects improve. If you have serious side effects your doctor may advise stopping the immunotherapy treatment permanently. If this is needed, your doctor can talk to you about other possible treatment options for you.

We have included information about some side effects of immunotherapy drugs. You might get some of the side effects mentioned, but you are unlikely to get all of them.

Immunotherapy drugs can make the immune system react by attacking healthy tissue. This can result in inflammation in different organs of the body. Sometimes this causes very serious side effects called immune-related side effects. It is very important to know about them so you can contact the hospital straight away. They need to be treated quickly. Do not try to treat these types of side effects yourself.

Some of the organs or parts of the body that might be affected include the:

- liver
- lungs
- bowel
- kidneys
- glands that make certain hormones
- joints
- skin.

These types of side effects can start in the first weeks or months of treatment. But immune system side effects can happen sometimes up to 2 years after you finish treatment.

If you think you have any of these side effects, contact the hospital straight away on the 24-hour number they give you.

Your cancer team might prescribe other treatments to reduce certain side effects. It is important to take any drugs you are prescribed exactly as your doctor, nurse or pharmacist explains.

Some people might need to go into hospital to have fluids through a drip (infusion) or treatments such as steroids. Steroids are often used to manage immune system side effects. You may need to take high doses of steroids for a short while to suppress your immune system.

## Effects on the lungs

Immunotherapy drugs can cause inflammation of the lungs. This is called pneumonitis.

If you have any of these symptoms during treatment, or after your treatment finishes, contact the hospital straight away on the 24-hour number:

- breathlessness which does not get better
- a cough that does not go away
- wheezing
- a fever, with a temperature over 37.5°C (99.5°F).

You should also tell them if any existing breathing problems get worse. You may have tests to check your lungs.

## Diarrhoea or tummy pain

This treatment can also cause inflammation of the bowel (colitis) which can be very serious. You may have diarrhoea or tummy (abdominal) pain.

Diarrhoea means passing more stools (poo) than is normal for you, or having watery or loose stools. If you have a stoma, it may be more active than usual.

If you have any of these symptoms during treatment, or after your treatment finishes, contact the hospital straight away on the 24-hour number:

- You have diarrhoea 4 times more often in a day than is normal for you.
- You have a moderate increase in stoma activity.
- You have uncomfortable tummy cramps.
- You have diarrhoea at night.
- Your temperature is over 37.5°C (99.5°F).
- There is blood or mucus in your stool (poo).

## Effects on the liver (checkpoint inhibitor)

This treatment can cause liver inflammation and may affect how your liver works. This is called hepatitis. You will have regular blood tests to check this. If the blood tests show liver changes, you may have steroids.

Sometimes liver changes can be serious. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during treatment or after it finishes:

- yellow skin or eyes
- feeling very sleepy
- dark urine (pee)
- unexplained bleeding or bruising
- pain in the right side of your tummy (abdomen)
- loss of appetite.

## Muscle pain and weakness and joint pain

This treatment can cause sore or weak muscles. Your joints may also be stiff, sore or swollen (arthritis). If you already have problems with joint pain, this may become worse. Contact the hospital on the 24-hour number if you have any of these symptoms during treatment or after it ends:

- new or worsening aches or pains
- new or worsening stiffness in a joint
- swollen joints
- any weakness in your eyelid or in the muscle of your face.

You may need steroids or other treatments, such as painkillers.

## Hormone changes

This treatment may affect your hormones. Hormones control many different processes in the body. You will have regular blood tests to check some of your hormone levels.

Contact the hospital on the 24-hour number if you have any of these side effects during treatment or after it ends:

- increased sweating
- weight gain or weight loss
- dizziness or fainting
- feeling more hungry or thirsty than usual
- passing urine (peeing) more often than usual
- headaches that do not go away
- feeling more tired than usual (fatigue).

You may need drugs to control your hormone levels.

## Skin changes

This treatment may cause inflammation in the skin. This is usually mild but can become serious without treatment. You may need creams, steroids or other medicines to treat skin problems. If you notice skin changes during or after treatment finishes contact the hospital on the number you have been given. Skin changes can include:

- a rash or bumps on the skin
- dry skin and itching
- patches of white or paler skin.

To protect your skin from the sun use a suncream with a high sun protection factor of at least SPF 50. Cover up with clothing.

If you have a rash that is spreading, or that blisters or peels, or you have flu-like symptoms, contact the hospital on the 24-hour number straight away. These symptoms can be a sign of a serious skin reaction that needs to be treated immediately in hospital.

# Other possible side effects

Immunotherapy drugs also have general side effects. The side effects depend on the drug you are having. They might include the following.

## Feeling tired (fatigue)

Feeling tired is a common side effect of this treatment. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

Sometimes tiredness is caused by this treatment affecting glands that produce hormones. If your hormone levels are low, you may need hormone replacement drugs.

Contact your cancer team or hospital if either of these things happen during treatment or after it ends:

- your tiredness gets worse
- you feel weak or shaky.

If you feel sleepy, do not drive or use machinery

Our booklet **Coping with fatigue (tiredness)** may be helpful (page 94). You can also listen to the audiobook at **macmillan.org.uk/fatigueaudio**

## Bruising and bleeding

Some immunotherapy drugs can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot.

If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- heavy periods.

If you have any unexplained bruising or bleeding, contact the hospital straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

## Anaemia (low number of red blood cells

This treatment can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

## Feeling sick

It is not common to feel sick with this treatment. But your doctor, nurse or pharmacist may prescribe you anti-sickness drugs to help prevent or control sickness. Take the drugs exactly as they tell you to. If you feel sick, take small sips of fluid often and eat small amounts regularly. It is important to drink enough fluids.

If you continue to feel sick, or if you are sick (vomit) 1 to 2 times in 24 hours, contact the hospital on the 24-hour number a soon as possible. They will give you advice.

## Fluid build-up

This treatment can cause a build-up of fluid in the body. This will slowly get better after treatment ends. Contact the hospital on the 24-hour number if you:

- are gaining weight
- have swelling in your face, legs or ankles.

They can give you advice and treatment to help.

## Blood clot risk

Immunotherapy and lung cancer itself can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker
- suddenly feeling breathless or coughing.

Always call **999** if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

We have more information at **macmillan.org.uk/blood-clots**

# During and after treatment

# Clinic appointments

You will meet with your cancer doctor, specialist nurse or pharmacist regularly during your treatment. At your clinic visits your doctor or nurse will ask:

- how you have been feeling
- about any side effects or symptoms you are having.

You will have blood tests, and might have scans or x-rays. These tests will monitor the effects of your treatment on the cancer.

If you have been having treatment for a while, some appointments might be by phone or video.

Appointments are a good way for you to talk to your cancer team about any concerns you have. But if you notice any new symptoms between appointments, contact your doctor or lung specialist nurse for advice. Do not wait until your next appointment, just ask for an earlier one.

# Life during targeted therapy or immunotherapy treatment

During treatment with targeted or immunotherapy drugs you may be able to keep doing many of the things you usually do.

You will feel tired and usually have some other side effects to cope with (pages 44 to 51 and 62 to 73). There are often things that can be done to reduce side effects.

There are different ways to manage tiredness. We have more information on coping with fatigue. Our booklet **Coping with fatigue (tiredness)** may be helpful. Or you can listen to the audiobook at **macmillan.org.uk/fatigueaudio**

Always tell your doctor, nurse or pharmacist about your side effects or any symptoms you have.

We have information about managing symptoms, such as breathlessness or a cough, in our booklet **Understanding lung cancer**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

# Taking care of yourself

- Do things you enjoy, such as spending time with family and friends.
- Doing even a small amount of physical activity regularly will give you more energy and make you feel stronger. This includes going for a short walk.
- If you smoke it is important to follow your doctor's advice on stopping smoking (page 24). Stopping smoking will improve your lung health and it also reduces the risk of other smoking-related cancers and other health conditions, such as heart disease.
- Remember to protect your skin from the sun, as these drugs can make your skin more sensitive to the sun.
- Try to talk about your feelings with family, friends, a health professional or people going through a similar experience.
- Eating healthily can help give you more energy. If you have lost weight or are having difficulty eating, ask your cancer team for advice. There are different ways to add calories and more nutrients to food. There are also nutritional drinks and powders to help increase your weight. Some of these can be prescribed by your doctor.
- Sleeping well can help you to cope with treatment. If you are having trouble sleeping, there are things you can do that may help improve your sleep. Visit **macmillan.org.uk/trouble-sleeping**
- Some complementary therapies, such as relaxation, massage, meditation and yoga might help you feel better and reduce anxiety.

Our booklets **Physical activity and cancer**, **Healthy eating and cancer**, **The building-up diet**, and **Cancer and complementary therapies** may be helpful (page 94).

## Effects on your sex life

Cancer and its treatment can also cause physical and emotional changes that may affect your sex life. There are ways to improve your sexual well-being and to manage any problems.

We have more information in our booklet **Cancer and your sex life** (page 94).

## Travel

If you are planning a holiday, it is important to speak to your cancer doctor or nurse before making plans. They can give you advice on whether it is safe for you to travel or what you need to think about.

When buying travel insurance, you will need to check carefully to make sure you are covered for the cancer and any other medical conditions. There are some companies that specialise in providing this kind of travel insurance. Start looking before booking a holiday. Our Online Community forum on travel insurance may be helpful. Visit **macmillan.org.uk/community**

We have more information in our booklet **Travel and cancer** (page 94).

# Your feelings and relationships

# Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions on our website and in our booklet **How are you feeling? The emotional effects of cancer** (page 94).

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help.

You can also call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit **macmillan.org.uk/supportgroups** Or talk to other people on our Online Community at **macmillan.org.uk/community**

There is more information on pages 96 to 99 about other ways we can help you.

# Relationships

Cancer and its treatment are stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships online and in our booklets **Talking about cancer** and **Cancer and relationships: support for partners, families and friends**.

## If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone on our website and in our booklet **Talking with someone who has cancer**.

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers on our website and in our booklet **Looking after someone with cancer**.

# Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information, and then tell them more when they are ready. Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

We have more information in our booklet **Talking to children and teenagers when an adult has cancer**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

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# Work and financial support

# Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, sometimes with reduced hours or other changes to their job.

Your cancer doctor, GP or specialist nurse can help you decide whether you should stop working, and when and if you should go back to work.

Your cancer doctor, GP or specialist nurse can help you decide whether you should go back to work, and when.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. You can also find out more about your employment rights in our booklet **Your rights at work when you are affected by cancer** (page 94).

There is also lots more information online at **macmillan.org.uk/work**

# Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to. We also have information for carers (page 94).

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- **gov.uk** if you live in England or Wales
- **socialsecurity.gov.scot** if you live in Scotland
- **nidirect.gov.uk** if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. You can speak to our money advisers by calling the Macmillan Support Line for free, on **0808 808 00 00**. Please note the opening times may vary by service.

You can also get information about benefits and other types of financial help from Citizens Advice if you live in England, Scotland or Wales, or Advice NI if you live in Northern Ireland (pages 106 to 107).

Our booklet **Help with the cost of cancer** has lots more information.

## Grants

You may be able to get some financial help from other charities, for example one-off grants. For further information, contact the Macmillan Support Line.

## Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. We have information about insurance on our website. Visit **macmillan.org.uk/insurance-cancer**

If you are thinking about buying insurance or making a claim, one of our money advisers can help. You can call them on **0808 808 00 00**.

We have more information about travel insurance in our booklet **Travel and cancer**. Our Online Community forum on Travel insurance may also be helpful. Visit **macmillan.org.uk/community**

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

# Further information

# About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

## Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

## Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

## Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

## The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**

# Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

## Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

### Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and find options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

## Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

## Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

### Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

### Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

## Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit **macmillan.org.uk/work**

## Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

### Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

### Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

## Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

# Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

## Lung cancer support organisations

### ALK Positive UK

**www.alkpositive.org.uk**
Provides support and advocacy and aims to improve the survival and quality of life of ALK positive lung cancer patients in the UK.

### Asthma + Lung UK

Helpline **0300 222 5800**
**www.asthmaandlung.org.uk**
Supports people affected by any type of lung disease.

### EGFR Positive UK

**www.egfrpositive.org.uk**
Provides support and advocacy and aims to improve the overall survival and quality of life of EGFR positive lung cancer patients across the UK.

### Roy Castle Lung Cancer Foundation

Helpline **0333 323 7200**
**www.roycastle.org**
Provides information and practical and emotional support for anyone affected by lung cancer.

### The Ruth Strauss Foundation

**www.ruthstraussfoundation.com**
Provides emotional support for families to prepare for the death of a parent. Raises awareness of the need for more research and collaboration for non-smoking lung cancers.

## General cancer support organisations

### Black Women Rising

**www.blackwomenrisinguk.org**
Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

### Cancer Black Care

Tel **0734 047 1970**
**www.cancerblackcare.org.uk**
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

### Cancer Focus Northern Ireland

Helpline **0800 783 3339**
**www.cancerfocusni.org**
Offers a variety of services to people affected by cancer in Northern Ireland.

### Cancer Research UK

Helpline **0808 800 4040**
**www.cancerresearchuk.org**
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

### Macmillan Cancer Voices

**www.macmillan.org.uk/cancervoices**
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

### Maggie's

Tel **0300 123 1801**
**www.maggies.org**
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

### Penny Brohn UK

Helpline **0303 3000 118**
**www.pennybrohn.org.uk**
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

### Tenovus

Helpline **0808 808 1010**
**www.tenovuscancercare.org.uk**
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

## General health information

### Health and Social Care in Northern Ireland

**www.northerntrust.hscni.net**
Provides information about health and social care services in Northern Ireland.

### NHS.UK

**www.nhs.uk**
The UK's biggest health information website. Has service information for England.

### NHS 111 Wales

**111.wales.nhs.uk**
NHS health information site for Wales.

### NHS Inform

Helpline **0800 22 44 88**
**www.nhsinform.scot**
NHS health information site for Scotland.

### Patient UK

**www.patient.info**
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-related and illness-related websites.

## Stop smoking services

### NHS Smokefree Helpline (England)

Tel **0300 123 1044**
**www.nhs.uk/better-health/quit-smoking**
Offers information, advice and support to people who want to stop smoking or have already stopped and do not want to start again.

### Quit Your Way (Scotland)

Tel **0800 84 84 84**
**www.nhsinform.scot/quit-your-way-scotland**
Scotland's national stop smoking support service. Offers advice and information about how to stop smoking. You can also chat online to an adviser.

### Help Me Quit (Wales)

Tel **0808 278 6119**
Text 'HMQ' to **80818**
**www.helpmequit.wales**
Offers information, advice and support on stopping smoking in English and Welsh.

### Stop Smoking NI (Northern Ireland)

**www.stopsmokingni.info**
Has information and advice about stopping smoking. Also links to other support organisations for people in Northern Ireland who want to give up smoking.

## Counselling

### British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
**www.bacp.co.uk**
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory' page.

### UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
**www.psychotherapy.org.uk**
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

## Emotional and mental health support

### Mind

Helpline **0300 123 3393**
**www.mind.org.uk**
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

### Samaritans

Helpline **116 123**
Email **jo@samaritans.org**
**www.samaritans.org**
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

## Financial support or legal advice and information

### Advice NI

Helpline **0800 915 4604**
**adviceni.net**
Provides advice on a variety of issues including financial, legal, housing and employment issues.

### Carer's Allowance Unit

Tel **0800 731 0297**
Textphone **0800 731 0317**
**www.gov.uk/carers-allowance**
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

## Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

### England

Helpline **0800 144 8848**
**www.citizensadvice.org.uk**

### Scotland

Helpline **0800 028 1456**
**www.cas.org.uk**

### Wales

Helpline **0800 702 2020**
**www.citizensadvice.org.uk/wales**

## Civil Legal Advice

Helpline **0345 345 4345**
Textphone **0345 609 6677**
**www.gov.uk/civil-legal-advice**
Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers a free translation service if English is not your first language.

### Disability and Carers Service

Tel **0800 587 0912**
Textphone **0800 012 1574**
**nidirect.gov.uk/contacts/disability-and-carers-service**
Manages Disability Living Allowance, Attendance Allowance, Carer's Allowance and Carer's Credit in Northern Ireland. You can apply for these benefits and find information online or through its helplines.

### DVA

Helpline **0300 200 7861**
**www.nidirect.gov.uk/contacts/driver-vehicle-agency-dva-northern-ireland**
The official agency for licensing and testing vehicles and drivers in Northern Ireland.

### DVLA

Helpline **0300 790 6809**
**www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency**
The government agency that deals with vehicle tax, registration, driving licences and medical conditions.

### GOV.UK

**www.gov.uk**
Has information about social security benefits and public services in England, Scotland and Wales.

### NI Direct

Make the Call helpline **0800 232 1271**
Text ADVICE to **0798 440 5248**
**www.nidirect.gov.uk**
**www.nidirect.gov.uk/make-the-call**
Has information about benefits and public services in Northern Ireland. You can also use the Make the Call service to check if you or someone you care for may be entitled to extra benefits.

## Equipment and advice on living with a disability

### British Red Cross

Tel **0344 871 11 11**
**www.redcross.org.uk**
Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

### Disability Rights UK

Tel **0330 995 0400** (not an advice line)
**www.disabilityrightsuk.org**
Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

## Support for older people

### Age UK

Helpline **0800 678 1602**
**www.ageuk.org.uk**
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

## LGBT-specific support

### LGBT Foundation

Tel **0345 330 3030**
**lgbt.foundation**
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

### OUTpatients

**www.outpatients.org.uk**
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

## Support for carers

### Carers Trust

Tel **0300 772 9600**
**www.carers.org**
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

### Carers UK

Helpline **0808 808 7777**
**www.carersuk.org**
Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

# Your notes and questions

## Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

## Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr David Gilligan, Consultant Oncologist.

With thanks to the following professionals who reviewed our lung cancer information:

Sarah Berwick, Macmillan Advanced Lung Cancer Clinical Nurse Specialist; Dr Joanna Coote, Consultant Clinical Oncologist; Dr Qamar Ghafoor, Clinical Oncology Consultant; Mr Alan Kirk, Consultant Cardiothoracic Surgeon; Mr David Lawrence, Consultant Thoracic Surgeon; Dr Tuck-Kay Loke, Consultant Respiratory Physician; Dr Ceri Powell, Consultant in Clinical Oncology; Dr Ian Woolhouse, Consultant Respiratory Physician; and Dr Kent Yip, Consultant in Clinical Oncology.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

## Sources

Below is a sample of the sources used in our lung cancer information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

European Society for Medical Oncology (ESMO). Early and locally advanced non-small-cell lung cancer (NSCLC): ESMO clinical practice guidelines for diagnosis, treatment and follow-up. 2017. eUpdate 01 September 2021: New Locally Advanced NSCLC Treatment Recommendations. Available at: https://www.esmo.org/guidelines/guidelines-by-topic/esmo-clinical-practice-guidelines-lung-and-chest-tumours/early-stage-and-locally-advanced-non-metastatic-non-small-cell-lung-cancer-esmo-clinical-practice-guidelines [accessed Nov 2023].

European Society for Medical Oncology (ESMO). ESMO expert consensus statements on the management of EGFR mutant non-small-cell lung cancer. 2022. Available at: https://pubmed.ncbi.nlm.nih.gov/35176458/ [accessed Nov 2023].

National Institute for Health and Care Excellence (NICE). Lung cancer – Diagnosis and management. Clinical guideline 2019. Last updated 2023. Available at: https://www.nice.org.uk/guidance/ng122 [accessed Nov 2023].

# Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

## 5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps. To make a one-off donation see over.

## Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

## Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to **macmillan.org.uk/donate**

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REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

**This booklet is about targeted therapy and immunotherapy drugs for non-small cell lung cancer. It is for anyone diagnosed with non-small cell lung cancer having either of these treatments. There is also information for carers, family members and friends.**

The booklet explains the different types of targeted therapy or immunotherapy drugs you might have and about managing or treating side effects. It also has information about feelings, practical issues and money.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use.

Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

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Trusted Information Creator

*Patient Information Forum*