

Navigating Your Treatment Journey: A Patient and Caregiver's Road Map to Immunotherapy for Newly Diagnosed Advanced/Metastatic NSCLC



How Does Immunotherapy Work?

Immunotherapy does not directly kill cancer cells. Instead, it helps your immune system to attack and kill cancer cells.¹⁻³ Immunotherapies that are FDA approved for non-small-cell lung cancer (NSCLC) belong to a group of agents called *immune checkpoint inhibitors (ICIs)*.

FDA-Approved ICIs for Advanced/Metastatic NSCLC^{1,3-5}

Your cancer care team will consider your NSCLC disease characteristics and your health history in deciding whether ICI therapy is right for you. In general, patients with newly diagnosed advanced/metastatic NSCLC are good candidates for starting with ICI therapy if they³:

- Do not have a potentially serious autoimmune disease, have not had an organ transplant, and do not take medications that suppress the immune system
- Do not have specific genetic alterations that promote the growth of the cancer cells
- Are healthy enough to tolerate treatment

ICI Agents Used as First-line Treatment for Advanced/Metastatic NSCLC⁵

Agent	Administration
Pembrolizumab (Keytruda)	Intravenous infusion or subcutaneous injection formulations: • Every 3 or 6 weeks with increasing dosage for longer intervals • For up to 2 years or until disease progression or intolerance
Atezolizumab (Tecentriq)	Intravenous infusion formulation: • Every 2, 3, or 4 weeks with increasing dosage for longer intervals until disease progression or intolerance
Cemiplimab (Libtayo)	Intravenous infusion formulation: • Every 3 weeks until disease progression or intolerance
Combination therapy: • Nivolumab (Opdivo) • Ipilimumab (Yervoy)	Intravenous infusion formulations: • Nivolumab every 3 weeks with ipilimumab every 6 weeks <u>or</u> • Nivolumab every 3 weeks with ipilimumab every 6 weeks and 2 cycles of chemotherapy For up to 2 years or until disease progression or intolerance
Combination therapy: • Durvalumab (Imfinzi) • Tremelimumab (Imjudo)	Intravenous infusion formulations: • Weight-dependent dosing • Durvalumab with tremelimumab and chemotherapy every 3 weeks x 4, then durvalumab every 4 weeks (with maintenance chemotherapy) and 1 dose of tremelimumab at 16 weeks Until disease progression or intolerance

For more information on ICI therapies, see Oncology Drug Reference Sheets available at the Oncology Nursing Society website: ons.org/clinical-tools/resources/drug-reference-sheets.



What Are the Goals and Potential Benefits of Immunotherapy?

- The goal of systemic therapy for NSCLC, including immunotherapy, is to help you live longer, delay cancer progression, and control cancer symptoms.²
- ICIs have been shown to significantly increase patient survival and survival without cancer progression.⁶
- People who have advanced or metastatic NSCLC usually stay on systemic therapy, but they may switch to a different systemic therapy if the cancer grows again.³
 - It is important to know that some people with NSCLC do not respond to ICI therapy, and the cancer may become resistant to ICI therapy.⁶
 - Your cancer care team will regularly check how well your treatment is working.³



What Are the Potential Risks of Immunotherapy?

- ICI therapy increases immune system activity. As a result, your immune system may attack normal organs and tissues, which can cause immune-related adverse events (*irAEs*).⁷
 - You may have *irAEs* months to years after starting ICI therapy.⁸
 - It is important to contact your care team for assessment and treatment if you think you have 1 or more *irAE* symptom. Most can be managed if they are identified and treated quickly.⁷



Patient Checklist: When to Call Your Doctor?

Contact information: _____

Call your healthcare professional if you are experiencing any of the following symptoms⁹⁻¹³:

- Lung problems (pneumonitis)
 - ☐ New or worsening cough
 - ☐ Chest pain
 - ☐ Shortness of breath
- Intestinal problems (colitis)
 - ☐ Diarrhea or excessive number of bowel movements
 - ☐ Blood or mucus in your stools or dark, tarry, sticky stools
 - ☐ Abdominal pain or tenderness
- Liver problems (hepatitis)
 - ☐ Yellowing of skin or whites of your eyes
 - ☐ Dark urine (tea colored)
 - ☐ Nausea or vomiting
 - ☐ Pain on the right side of your abdomen
 - ☐ Bleeding or bruising more easily than normal
- Skin reactions
 - ☐ Skin rash, with or without itching
 - ☐ Sores in your mouth
 - ☐ Blistered or peeling skin
 - ☐ Itching
- Nerve problems
 - ☐ Unusual weakness of legs, arms, or face
 - ☐ Numbness or tingling in hands or feet
- Eye inflammation
 - ☐ Blurry vision, double vision, or other vision problems
 - ☐ Eye pain or redness
- Kidney problems (nephritis, kidney failure)
 - ☐ Decrease in volume of urine
 - ☐ Blood in urine
 - ☐ Swollen ankles
 - ☐ Loss of appetite
- Hypophysitis (pituitary gland inflammation)
 - ☐ Persistent or unusual headache
 - ☐ Extreme weakness
 - ☐ Dizziness
 - ☐ Fainting
 - ☐ Vision changes
 - ☐ Nausea
 - ☐ Vomiting
 - ☐ Severe fatigue
- Thyroid problems
 - ☐ Hyperthyroidism (fatigue, hand tremors, mood swings, rapid heartbeat)
 - ☐ Hypothyroidism (changes in menstrual cycle, constipation, depression, dry hair/hair loss, fatigue)
- Other problems
 - ☐ Severe or persistent muscle or joint pains
 - ☐ Severe muscle weakness

Be prepared to share information about your cancer treatment with healthcare professionals to help identify possible irAEs quickly. Wallet cards can help with this and are available online: ons.org/store/product/immunotherapy-wallet-cards

IMMUNOTHERAPY WALLET CARD

NAME: _____

CANCER DX: _____

I-O AGENTS RCV'D: ☐ CHECKPOINT INHIBITOR(S)

☐ CAR-T ☐ VACCINES ☐ ONCOLYTIC VIRAL THERAPY

☐ MONOCLONAL ANTIBODIES

DRUG NAME(S): _____

IMMUNOTHERAPY TX START DATE: _____

OTHER CANCER MEDICATIONS: _____

NOTE: IMMUNOTHERAPY AGENTS ARE NOT CHEMOTHERAPY AND SIDE EFFECTS MUST BE MANAGED DIFFERENTLY. (SEE BACK)



IMMUNOTHERAPY CARD

IMMUNE-RELATED SIDE EFFECTS*, COMMON WITH CHECKPOINT INHIBITORS VARY IN SEVERITY AND MAY REQUIRE REFERRAL AND STEROIDS. PATIENTS HAVE A LIFETIME RISK OF IMMUNE-RELATED SIDE EFFECTS.

*MAY PRESENT AS RASH, DIARRHEA, ABDOMINAL PAIN, COUGH, FATIGUE, HEADACHES, VISION CHANGES, ETC.—CONFER WITH ONCOLOGY TEAM BEFORE CHANGING I-O REGIMEN OR STARTING SIDE EFFECT TREATMENT.

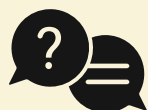
ONCOLOGY PROVIDER NAME _____

ONCOLOGY PROVIDER NO. _____

EMERGENCY CONTACT _____

CONTACT PHONE NO. _____

COPYRIGHT © 2018 ONCOLOGY NURSING SOCIETY. ALL RIGHTS RESERVED.



Talking About Your Goals and Questions With Your Cancer Care Team

- Palliative care, or supportive care, is an important part of your cancer treatment. Your palliative care team works to keep you at the center of discussions and decisions about your care and to help you get answers about your health and care.¹⁴
 - Palliative care can help with many aspects of cancer care such as pain and stress relief, management of physical and emotional symptoms, treatment of side effects, cancer and treatment education, and relationship counseling.¹⁴
 - You should not be afraid to ask if you have questions about your cancer care. To help patients think about the questions related to their care, the National Comprehensive Cancer Network guidelines on palliative care for patients include lists of questions on care team experience, care options, treatment, side effects, resources and support, and other topics.¹⁴
- There are also tools to support communication with your cancer care team. One example is a toolkit, developed by the American Cancer Society, to help you keep track of your cancer care so you can be prepared to talk with members of your care team: cancer.org/cancer/preparing-for-treatment/cancer-care-toolkit.html.

References/Resources

Bolded references/resources may be especially helpful for patients.

1. cancer.org/cancer/types/lung-cancer/treating-non-small-cell.html.
2. cancer.gov/types/lung/patient/non-small-cell-lung-treatment-pdq.
3. nccn.org/patients/guidelines/content/PDF/lung-metastatic-patient.pdf.
4. nccn.org/professionals/physician_gls/pdf/nscl.pdf.
5. accessdata.fda.gov/scripts/cder/daf/index.cfm.
6. Leone G et al. Int J Mol Sci. 2025;26:11055.
7. nccn.org/patients/guidelines/content/PDF/immunotherapy-checkpoint-patient.pdf.
8. Martins. Nat Rev Clin Oncol. 2019;16:563.
9. Pembrolizumab PI.
10. Nivolumab PI.
11. Atezolizumab PI.
12. Cemiplimab PI.
13. Durvalumab PI.
14. nccn.org/patients/guidelines/content/PDF/palliative-patient.pdf.