

FOR INFORMATION PURPOSES ONLY

The following examples are not meant to be a recommendation or advise for any individual. Only your personal physician can determine your therapy after a complete review of your condition. Consult your physician for specific advise on therapy choices or any questions.

2009

ADVANCED NON-SMALL-CELL-LUNG CANCER (NSCLC): EXAMPLES OF AVAILABLE CHEMOTHERAPY REGIMENS

Participation in a Clinical trial is always one of the best options.

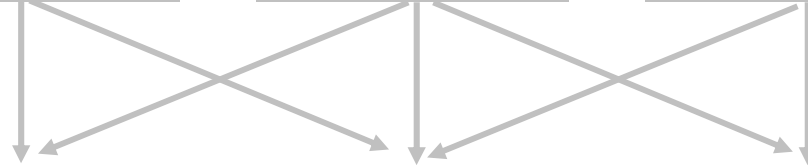
SINGLE AGENTS

PLATINUMS
cisplatin
carboplatin

TAXANES
taxol
docetaxel

OTHERS
gemzar
navelbine
camptosar
topotecan
etoposide

ORAL PILL
Tarceva
(2 nd or 3 rd line)



COMBINATIONS

WITH CISPLATIN
alimta-cisplatin
docetaxel-cisplatin
navelbine-cisplatin
gemzar-cisplatin
etoposide-cisplatin
camptosar-cisplatin

WITH CARBOPLATIN
taxol-carboplatin
docetaxel-carboplatin
navelbine-carboplatin
gemzar-carboplatin
etoposide-carboplatin
alimta-carboplatin

NON-PLATINUM
taxol-gemzar
docetaxel-gemzar
navelbine-gemzar
docetaxel-navelbine

GENERAL SUMMARY

Many single agents and combinations are available. Therapy is individualized for each patient.
 Selected two drug combinations are better than single agent therapy, however are expected to be more toxic.
 Selected single drug therapy is better than best supportive care.

PATIENT CHOICE

Individual patient preference and overall health (PS) are important in choosing appropriate regimen.
 Palliative care alone is appropriate choice when no chemotherapy or radiation is desired.

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