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

**SINGLE AGENTS**

<table>
<thead>
<tr>
<th>PLATINUMS</th>
<th>TAXANES</th>
<th>OTHERS</th>
<th>ORAL PILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>cisplatin</td>
<td>taxol</td>
<td>gemzar</td>
<td>Tarceva</td>
</tr>
<tr>
<td>carboplatin</td>
<td>docetaxel</td>
<td>navelbine</td>
<td>(2nd or 3rd line)</td>
</tr>
</tbody>
</table>

**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.