Ontologies Classes Object Properties Data Properties Annotation Properties Individuals Datatypes Clouds

Class: 4B_NSCLC

Annotations (1)

- rdfs:comment "For cancers that have spread widely throughout the body, before any treatments start, your tumor will be tested for certain gene mutations (such as in the KRAS, EGFR, ALK, ROS1, BRAF, RET, MET, or NTRK genes). If one of these genes is mutated in your cancer cells, your first treatment will likely be a targeted therapy drug: For people whose cancer has the KRAS G12C gene change, a KRAS inhibitor such as sotorasib (Lumakras) or adagrasib (Krazati) might be used, after another drug has already been tried. For tumors that have the ALK gene change, an ALK inhibitor can often be the first treatment. Another ALK inhibitor can be used if one or more of these drugs stops working or is not well tolerated. For people whose cancers have certain changes in the EGFR gene, an EGFR inhibitor may be used as the first treatment (sometimes along with a targeted drug that affects new blood vessel growth). For people whose cancers have changes in the ROS1 gene, drugs such as crizotinib (Xalkori), entrectinib (Rozlytrek), or ceritinib (Zykadia) might be used. For people whose cancers have a certain change in the BRAF gene, a combination of the targeted drugs dabrafenib (Tafinlar) and trametinib (Mekinist) might be used. For people whose cancers have certain changes in the RET gene, selpercatinib (Retevmo) or pralsetinib (Gavreto) might be used. For people whose cancers have certain changes in the MET gene, capmatinib (Tabrecta) or tepotinib (Tepmetko) might be options. For people whose cancers have a change in the NTRK gene, larotrectinib (Vitrakvi) or entrectinib (Rozlytrek) may be an option. Your tumor cells might also be tested for the PD-L1 protein. Tumors with higher levels of PD-L1 are more likely to respond to certain immunotherapy drugs (known as immune checkpoint inhibitors), which might be an option either alone or along with chemo. For most other cancers that have spread, chemo is usually at least part of the main treatment, as long as the person is healthy enough for it. Often it is used along with other types of drugs: Chemo might be used along with an immunotherapy drug such as pembrolizumab (Keytruda), atezolizumab (Tecentriq), or cemiplimab (Libtayo), in some situations. Another option might be a combination of immunotherapy drugs, such as nivolumab (Opdivo) along with ipilimumab (Yervoy), or durvalumab (Imfinzi) along with tremelimumab (Imjuno). For people who are not at high risk for bleeding (that is, they do not have squamous cell NSCLC and have not coughed up blood), the targeted drug bevacizumab (Avastin) might be given with chemo. Some people with squamous cell cancer might still be given bevacizumab, as long as the tumor is not near large blood vessels in the center of the chest. If bevacizumab is used, it is often continued even after chemo is finished. An option for people with squamous cell NSCLC is to get chemo along with the targeted drug necitumumab (Portrazza). If the cancer has caused fluid buildup in the space around the lungs (a malignant pleural effusion), the fluid may be drained. If it keeps coming back, options include pleurodesis or placement of a catheter into the chest through the skin to let the fluid drain out. (Details of these are discussed in Palliative Procedures for Non-Small Cell Lung Cancer.) As with other stages, treatment for stage IV lung cancer depends on a person’s overall health. For example, some people not in good health might get only 1 chemo drug instead of 2. For people who can’t have chemo, radiation therapy is usually the treatment of choice. Local treatments such as laser therapy, PDT, or stent placement may also be used to help relieve symptoms caused by lung tumors. Because treatment is unlikely to cure these cancers, taking part in a clinical trial of newer treatments may be a good option. You can also find more information about living with stage IV cancer in Advanced Cancer."

Superclasses (1)

- Stage_4_NSCLC

Disjoints (689)

'\'Abraxane_(Paclitaxel_Albumin-stabilized_Nanoparticle_Formulation)_\'', '\'Afinitor_(Everolimus)\'', '\'Afinitor_Disperz_(Everolimus)_\'', '\'Alecensa_(Alectinib)_\'', '\'Alimta_(Pemetrexed_Disodium)_\'', '\'Alunbrig_(Brigatinib)_\'', '\'Alymsys_(Bevacizumab)_\'', '\'Avastin_(Bevacizumab)_\'', '\'Cyramza_(Ramucirumab)_\'', '\'Enhertu_(Fam-Trastuzumab_Deruxtecan-nxki)_\'', '\'Etopophos_(Etoposide_Phosphate)_\'', '\'Exkivity_(Mobocertinib_Succinate)_\'', '\'Gavreto_(Pralsetinib)_\'', '\'Gemzar_(Gemcitabine_Hydrochloride)_\'', '\'Gilotrif_(Afatinib_Dimaleate)_\'', '\'Hycamtin_(Topotecan_Hydrochloride)_\'', '\'Imfinzi_(Durvalumab)_\'', '\'Imjudo_(Tremelimumab-actl)_\'', '\'Infugem_(Gemcitabine_Hydrochloride)_\'', '\'Iressa_(Gefitinib)_\'', '\'Keytruda_(Pembrolizumab)_\'', '\'Krazati_(Adagrasib)_\'', '\'Libtayo_(Cemiplimab-rwlc)_\'', '\'Lorbrena_(Lorlatinib)_\'', '\'Lumakras_(Sotorasib)_\'', '\'Mekinist_(Trametinib_Dimethyl_Sulfoxide)_\'', '\'Mvasi_(Bevacizumab)_\'', '\'Opdivo_(Nivolumab)_\'', '\'Portrazza_(Necitumumab)_\'', '\'Retevmo_(Selpercatinib)_\'',

'\'Rozlytrek_(Entrectinib)_\'', '\'Rybrevant_(Amivantamab-vmjw)_\'', '\'Tabrecta_(Capmatinib_Hydrochloride)_\'', '\'Tafinlar_(Dabrafenib_Mesylate)_\'', '\'Tagrisso_(Osimertinib_Mesylate)_\'', '\'Taxotere_(Docetaxel)_\'', '\'Tecentriq_(Atezolizumab)_\'', '\'Tepmetko_(Tepotinib_Hydrochloride)_\'', '\'Trexall_(Methotrexate_Sodium)_\'', '\'Vizimpro_(Dacomitinib)_\'', '\'Xalkori_(Crizotinib)_\'', '\'Yervoy_(Ipilimumab)_\'', '\'Zirabev_(Bevacizumab)_\'', '\'Zykadia_(Ceritinib)_\'', 4A_NSCLC, **4B_NSCLC**, Adagrasib_, Adherence_Based_on_Socioeconomics_LC, Adherence_Factors_LC, Adverse_Reactions_ABRAX, Adverse_Reactions_ADAGR, Adverse_Reactions_AFATI, Adverse_Reactions_AFINI, Adverse_Reactions_AFINIT, Adverse_Reactions_ALECE, Adverse_Reactions_ALIMT, Adverse_Reactions_ALUNB, Adverse_Reactions_ALYMS, Adverse_Reactions_AMIVA, Adverse_Reactions_ATEZO, Adverse_Reactions_AVAST, Adverse_Reactions_BRIGA, Adverse_Reactions_CAPMA, Adverse_Reactions_CEMIP, Adverse_Reactions_CYRAM, 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Smoking_Marijuana_LC, Smoking_Other_Drugs_LC, Smoking_Tobacco_LC, Socioeconomics_LC, Sotorasib_, Stage_0_NSCLC, Stage_1_NSCLC, Stage_1_SCLC, Stage_2_NSCLC, Stage_3A_NSCLC, Stage_3B_NSCLC, Support_Groups_LC, Symptoms_and_Tests_LC, Symptoms_NSC, Symptoms_SC, Tests_NSC, Tests_SC, Tobacco_Smoking, Tobacco_Smoking_LC, Topotecan_Hydrochloride_, Tramentinib_Dimethyl_Sulfoxide, Treatment_Regimens_LC, Tremelimumab-actl_, Urban_LC, Use_in_Specific_Populations_ABRAX, Use_in_Specific_Populations_ADAGR, Use_in_Specific_Populations_AFATI, Use_in_Specific_Populations_AFINI, Use_in_Specific_Populations_AFINIT, Use_in_Specific_Populations_ALECE, Use_in_Specific_Populations_ALIMT, Use_in_Specific_Populations_ALUNB, Use_in_Specific_Populations_ALYMS, Use_in_Specific_Populations_AMIVA, Use_in_Specific_Populations_ATEZO, Use_in_Specific_Populations_AVAST, Use_in_Specific_Populations_BRIGA, Use_in_Specific_Populations_CAPMA, Use_in_Specific_Populations_CEMIP, Use_in_Specific_Populations_CYRAM, 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Warnings_and_Precautions_LUMAK, Warnings_and_Precautions_LURB, Warnings_and_Precautions_MEKIN, Warnings_and_Precautions_METH, Warnings_and_Precautions_MVASI, Warnings_and_Precautions_OPDIV, Warnings_and_Precautions_PORTR,

Warnings_and_Precautions_RAMUC, Warnings_and_Precautions_RETEV, Warnings_and_Precautions_ROZLY, Warnings_and_Precautions_RYBRE, Warnings_and_Precautions_SELPE, Warnings_and_Precautions_SOTOR, Warnings_and_Precautions_TABRE, Warnings_and_Precautions_TAFIN, Warnings_and_Precautions_TAGRIS, Warnings_and_Precautions_TAXOT, Warnings_and_Precautions_TECEN, Warnings_and_Precautions_TEPME, Warnings_and_Precautions_TOPO, Warnings_and_Precautions_TRAME, Warnings_and_Precautions_TREME, Warnings_and_Precautions_TREXA, Warnings_and_Precautions_VINOR, Warnings_and_Precautions_VIZIM, Warnings_and_Precautions_XALKO, Warnings_and_Precautions_YERVO, Warnings_and_Precautions_ZIRAB, Warnings_and_Precautions_ZYKAD

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