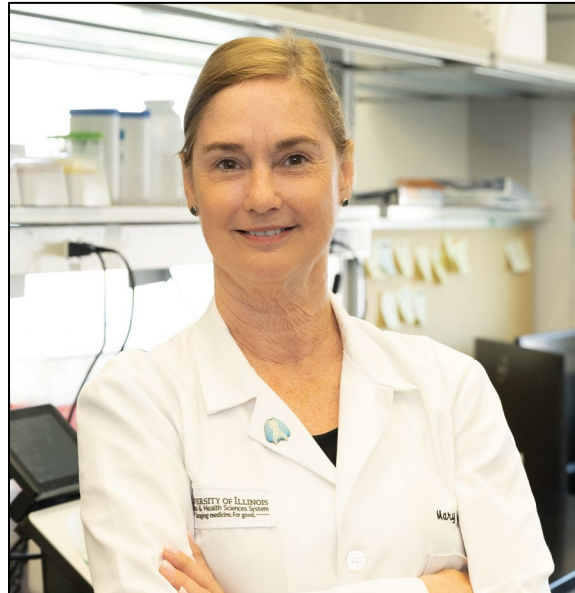




Recently Diagnosed Side Panel: *Finding Your Footing After an EGFR+ Lung Cancer Diagnosis*

Session Speaker



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Session Objectives

1. Offer practical guidance for navigating a recent *EGFR*-positive lung cancer diagnosis.
2. Answer common questions patients and caregivers have in the months following a diagnosis of *EGFR*-positive lung cancer.

Please Send in Your Questions!

This QR code will be live throughout the session



Download the Slides Here
For Easier Viewing in PDF on Your Device





Diagnosis.

A defining moment. A before and an after.

But you do not have to navigate it alone.

How was your lung cancer found?

Incidental finding

A lung nodule or mass discovered on imaging performed for another reason.

Symptoms

Imaging prompted by symptoms such as cough, shortness of breath, chest pain, or weight loss.

Screening

A low-dose CT performed because you met lung cancer screening eligibility criteria.

The path to diagnosis may differ.

Every person still deserves accurate staging, comprehensive biomarker testing, and a clear plan.

The first month is about building the map

1 Confirm

- Pathology
- Stage and imaging
- Complete biomarker report

2 Understand

- Your exact *EGFR* variant
- Treatment goal
- Options and tradeoffs

3 Prepare

- Baseline tests
- Side-effect plan
- Who to call - and when

The order may change.

The goal is clarity before speed whenever it is medically safe.

Your diagnosis is more than one word

Type

Most *EGFR*-positive lung cancers are non-small cell lung cancer, often **adenocarcinoma**.

Stage

Where the cancer is located helps determine whether the goal is cure, lowering recurrence risk, or long-term control.

Biology

The exact *EGFR* alteration - and other findings - can shape which targeted treatments fit.

You

Symptoms, health, priorities, support, and preferences belong in every decision.

TNM describes where the cancer is



Tumor

How large is the primary tumor?
Where is it located? Has it
grown into nearby structures?



Nodes

Has cancer reached regional
lymph nodes? Which lymph-
node regions are involved?



Metastasis

Has cancer spread to the other
lung, pleura, or organs outside
the chest?

Think of TNM as the cancer's anatomical address.

Stage helps define the goal of treatment

I	Confined to the lung; no regional lymph-node involvement	Local treatment often leads
II	More local involvement; nearby nodes may be involved	Local + systemic treatment may be used
III	More extensive regional disease	Multidisciplinary treatment is essential
IV	Spread to the other lung, pleura, or distant organs	Systemic treatment is central

EGFR does not determine the anatomical stage - but it can strongly influence treatment.

Staging and biomarker testing answer different questions

Staging asks: Where is the cancer?

TNM and the overall stage describe the cancer's anatomical extent.

Biomarker testing asks: What is driving it?

Molecular and protein testing may identify changes that guide targeted therapy and other treatment decisions.

You need both parts of the story.

Ask whether comprehensive biomarker testing was completed

Different names—similar purpose

Molecular testing
Genomic testing
Tumor profiling
Next-generation sequencing (NGS)

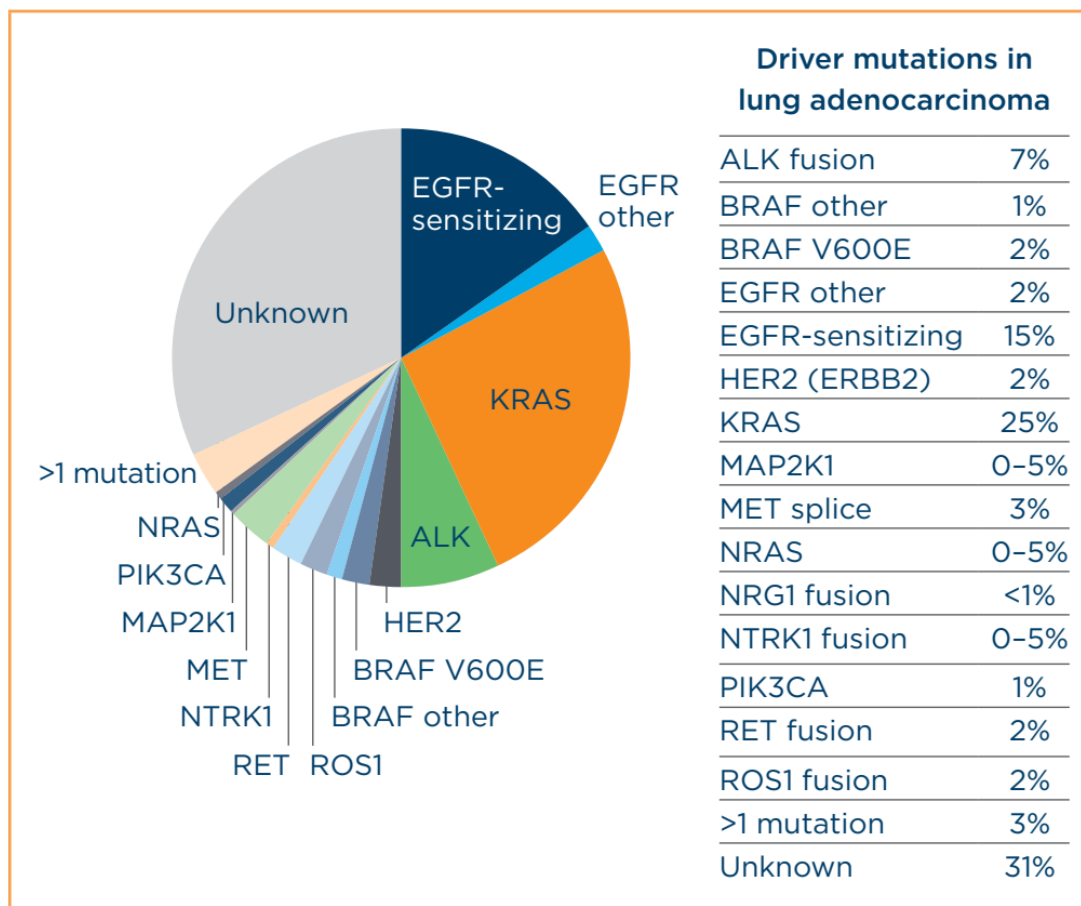
A comprehensive report may include

- DNA alterations
- RNA-based alterations or fusions
- Actionable biomarkers such as *EGFR*, *ALK*, *ROS1*, *BRAF*, *KRAS*, *MET*, *RET*, *NTRK* and *HER2*
- PD-L1 protein expression

Ask for the complete report - not only the words “*EGFR*-positive.”

Lung adenocarcinoma includes many molecular subtypes

DRIVER MUTATIONS IN LUNG ADENOCARCINOMA



Testing may use tumor tissue, blood—or both

Tumor tissue

Usually provides the most complete picture and also confirms the cancer type. Adequate tissue is precious: ask how it will be used.

Liquid biopsy

Looks for tumor DNA circulating in blood. It may provide faster information when tissue is limited or difficult to obtain.

A negative blood result does not rule out an actionable biomarker.

Tissue testing may still be needed.

Biomarker testing may matter again later

At diagnosis

Identify treatment-defining biomarkers and establish the starting biology.

During treatment

Monitor clinically with symptoms, imaging, and treatment-specific testing.

At progression

Consider repeat tissue and/or blood testing to look for resistance mechanisms and new options.

Most tumor *EGFR* alterations are acquired - not inherited.

Genetic counseling may be appropriate when the personal or family history suggests a possible inherited alteration.

“*EGFR*-positive” is the beginning - not the entire answer

Ask: What is my exact *EGFR* alteration?

Common sensitizing variants

Exon 19 deletion and exon 21 L858R are frequent examples.

Exon 20 insertions

A distinct group with different treatment considerations.

Uncommon variants

The exact alteration and evidence matter; specialist review may help.

A treatment choice is a conversation - **not** a test you pass

1

What is the goal of this treatment?

2

Why does this option fit my stage and *EGFR* variant?

3

What benefit might it offer - and what is uncertain?

4

What side effects matter most, and how will we prevent or treat them?

5

How will this affect my daily life?

6

Is a clinical trial appropriate now or later?

Your care team should feel like a connected circle

Thoracic oncologist

Leads systemic treatment decisions

Surgeon / radiation oncologist

Evaluates local treatment

Oncology nurse / NP / PA

Education, symptoms, navigation

Pharmacist

Interactions, dosing, adherence

Supportive & palliative care

Symptoms, stress, quality of life

You + your care partner

Goals, observations, decisions

Ask one practical question: Who is my first call after-hours?

Monitoring answers two different questions

Is the treatment working?

Imaging, symptoms, physical function, and sometimes other tests are reviewed over time. Ask when the first scan is expected and how response will be described.

Is the treatment safe for me?

Your team may use laboratory tests and treatment-specific monitoring. Ask which new symptoms require a same-day call.

A single symptom - or a single scan - needs context. Ask your team to explain the trend.

Treat side effects early - before they take over your day

- Skin rash or dryness
- Diarrhea
- Nail changes
- Mouth soreness
- Fatigue or appetite changes

A simple symptom plan

1. Know what is expected
2. Track when it starts and how it changes
3. Call early—do not wait for the next visit
4. Do not stop or change treatment without guidance

Some symptoms should **NOT** wait

Call your oncology team urgently for new or worsening breathing symptoms.

- **New or worsening shortness of breath, cough, or fever**
- Chest pain, fainting, or a racing / irregular heartbeat
- Severe or persistent diarrhea, dehydration, or inability to keep fluids down
- Severe rash, blistering, peeling skin, or eye pain / vision changes
- Any sudden, severe, or rapidly worsening symptom

For a medical emergency, call 911 or your local emergency number.

Living is part of the treatment plan

Move

Choose safe, realistic activity; ask for rehabilitation if symptoms limit you.

Nourish

Focus on enough fluid, protein, and calories—not a perfect “cancer diet.”

Sleep

Report pain, cough, anxiety, or medication effects that interrupt rest.

Connect

Accept help, protect privacy, and choose who receives updates.

Plan

Ask early about work, travel, fertility, finances, and insurance.

Breathe

Supportive and palliative care can help at any stage—not only at end of life.

The internet is endless. Your information plan should *not* be.

Start with trusted organizations

EGFR Resisters, NCI, the American Lung Association, LUNGevery, GO2 for Lung Cancer, and your cancer center.

Use community wisely

Peer support offers language, hope, and practical wisdom - but another person's treatment is not automatically your treatment.

Before acting on a post, always ask:

Does this apply to my stage, my exact *EGFR* variant, and my treatment history?

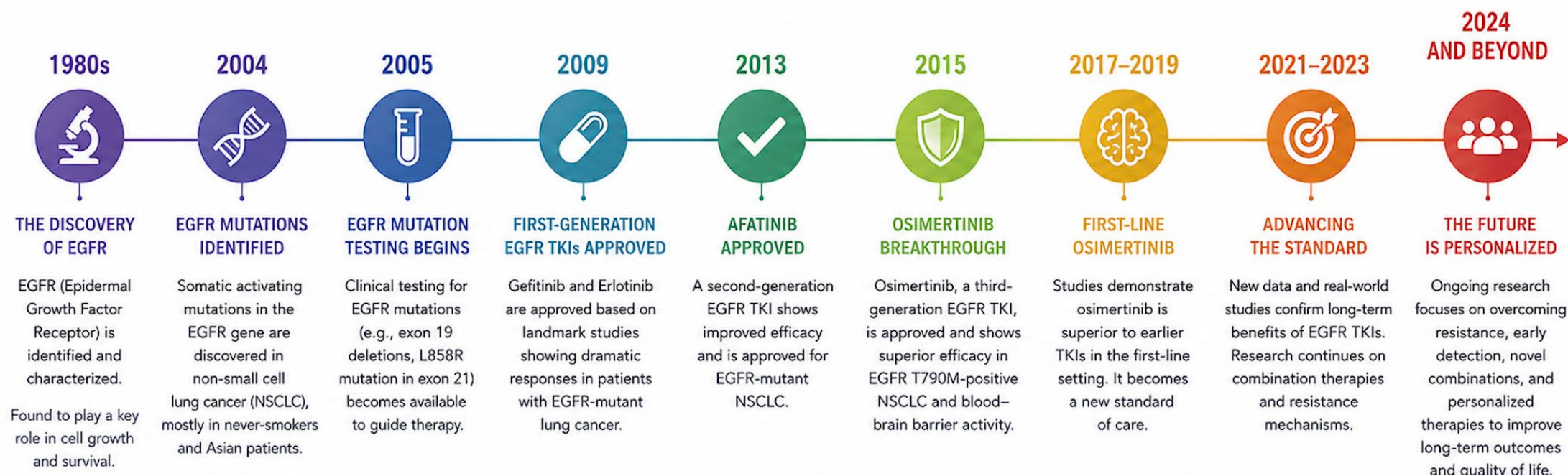
Take this checklist to your next appointment

- ☐ What type and stage of lung cancer do I have?
 - ☐ What is my exact EGFR alteration?
 - ☐ Was comprehensive DNA and RNA testing completed?
 - ☐ What is the goal of treatment?
- ☐ What are my options—and why do you recommend this one?
 - ☐ When will we know whether it is working?
 - ☐ Which symptoms require a same-day call?
 - ☐ Who do I contact after hours?

Bring a care partner. Ask to record the visit. *Leave with the plan in writing.*

EGFR Lung Cancer: Milestones in Research

From Discovery to Targeted Therapies and Beyond



More research. More treatment options. More reasons for hope.

You are more than a diagnosis.

You are a *person* learning a new language.

Ask questions. Report symptoms. Accept support.

And keep making room for life.



Interactive Q&A