Lungekreftforeningen

For those who have KRAS-positive lung cancer

Causes, symptoms, treatment and research

Contents

KRAS-positive lung cancer

Lung cancer is the world's most common cancer disease and can affect anyone. Each year, 2 million people are diagnosed with lung cancer. In Norway, more than 3,000 people are affected by lung cancer yearly, which makes it the third most common form of cancer, and lung cancer accounts for about 10 per cent of all new cancer cases in Norway.

Malignant tumours originating in the cells of the lung tissue are referred to as lung cancer. Lung cancer can develop in all parts of the lungs, but it most often appears in the lung's upper lobe.

Small cell and non-small cell lung cancer

Lung cancer is roughly divided into two types, small cell and non-small cell. Non-small cell lung cancer is the most frequent, accounting for around 85 per cent of cases. Small cell lung cancer is the most aggressive type of lung cancer as it often spreads quickly to other organs, and accounts for about 15 per cent of lung cancer cases.

Non-small cell cancer is divided into two main groups, based on the original cell where it arose:

- Squamous cell carcinoma: A tumour originating in the skin/mucous membranes. The tumour often grows in a central area in relation to the large bronchial branches. This is the second most common form of lung cancer.
- Adenocarcinoma: A tumour that originates in a gland. The tumour often grows on the outer edges of the lung. This is the most common type of lung cancer, and the type that is becoming more prevalent.
- Large cell carcinoma: These cancer cells are large and show no specific microscopic features.

KRAS-positive non-small cell lung cancer

Mutations in the RET gene occur in 15-30 per cent of lung cancer patients, generally in adenocarcinoma non-small cell lung cancer. Genetic mutations involving the KRAS gene appear to be more frequent in smokers than non-smokers. These genetic mutations are only found in cancer cells, and patients with this type of cancer must be treated with targeted therapy.

Facts about KRAS

The genetic mutations linked to lung cancer have usually occurred in cancer cells during the patient's lifetime. This is also the case in KRAS-positive lung cancer. Genetic mutations occurring during a lifetime are referred to as somatic mutations. This type of mutation is not hereditary*, which means that there is no predisposition to the disease in the family. Somatic genetic mutations may be caused by environmental factors, but they often occur spontaneously without any evident cause.

Chromosomes contain genes, and each gene in the body contains information needed to form proteins. Proteins have special tasks and functions in the body.

KRAS is involved in cell growth, as it transfers growth signals received from other proteins on the outside of the cell to the cell nucleus. The KRAS protein activates cell division and functions as an on-and-off switch. There are many different KRAS mutations. A certain mutation in the KRAS gene may result in continual "on-switch" status for the protein, thereby causing uncontrolled cell growth.

A genetic mutation of this type halts the signal that would normally have told cells to stop growing. This will lead to uncontrollable cell division, which results in the development of a tumour.

* You can find more information on the terminology page

Symptoms

The most common symptoms of lung cancer are coughing and shortness of breath, but these symptoms are also common in many other diseases. In lung cancer, the symptoms do not improve over time. It is therefore important to see a doctor if the coughing and shortness of breath last longer than what is common for a respiratory infection. Possible symptoms of lung cancer:

- Cough, especially a persistent dry cough that suddenly changes
- Shortness of breath
- Bronchitis or a cold that does not improve, even with antibiotics
- Repeated respiratory infections
- Wheezing or feeling out of breath
- Hoarseness and trouble swallowing
- Coughing up blood
- General weakness and fatigue
- Significant weight loss for no apparent reason
- Pain in the chest and upper part of the abdomen, headache, dizziness, and trouble swallowing may be signs of metastases (the spread of cancer cells). Spreading to the bones may result in pain and fractures. A referral for an x-ray would be necessary for such symptoms affecting the arms, legs or back. If the x-ray suggests lung cancer, the patient will be referred to a specialist.

Patient care pathway

A standard patient care pathway describes how assessment, treatment, communication and dialogue with the patient and family members, distribution of responsibilities, and specific trajectory schedules are all organised. The purpose of a patient care pathway is to ensure that cancer patients receive a well-organised, comprehensive and predictable trajectory without unnecessary delays in assessment, diagnostics, treatment and rehabilitation. Among other things, a patient care pathway for lung cancer ensures that all hospitals treating this lung cancer will have regular decision-making meetings with a multidisciplinary team (MDT) to ensure quality assurance of assessments and treatments. Participants in meetings for assessing lung surgery should include pulmonologists, thoracic surgeons(), nuclear medicine radiologists, and patient care pathway coordinators.

A patient care pathway has been designed for diagnostics, treatment and follow-up of lung cancer. See **www.helsedirektoratet.no** for more information on patient care pathways.

Assessment

If the patient is diagnosed with lung cancer, doctors will try to determine the stage of the disease. The stage indicates how advanced the disease is, whether it has spread, and how it should be treated. It is generally easier to cure lung cancer when the disease is detected early.

The assessment should lead to a choice of treatment based on the diagnosis of the type of lung cancer, the location of the tumour and its extent, as well as the patient's level of function.

Methods used to determine the diagnosis will vary depending on the case.

How is lung cancer diagnosed?

Step 1 involves radiological examinations. A CT can of the lungs and abdomen is essential. Afterwards, the pulmonologist will determine whether to also perform a PET-CT scan, MRI scan, or other examinations.

- X-ray of the lungs
  A chest x-ray may indicate a tumour.
- CT scan of the lungs and abdomen
  With the aid of a CT scan, doctors can get a very accurate picture of the size, location and spread of the tumour as well as possible spreading to other organs.
- MRI scan of the brain and bones
  MRI scans provide precise images with the use of a powerful magnetic field.
- PET scan
  A PET scan produces images of tumours and metastases. Before the examination, the patient is given a weak radioactive glucose solution. During the examination, the patient is slowly led through a scanner where images are taken of their entire body. Cancer cells need a large supply of energy and have a high rate of metabolism, so the glucose collects in these cells. It is easier to see the affected tissue on these images through the glucose solution.

Step 2: Tissue or cells samples are take from the tumour for biopsy to determine whether they are benign or malignant, and if possible to identify the type of tumour.

- Tissue samples can be taken from different parts of the body. The choice of the source of samples and the method of of taking samples will vary according to the patient.
- Bronchoscopy: During a bronchoscopy, the doctor guides a bronchoscope, which is a flexible tube about the thickness of a pencil, through the patient's nose or mouth

down through the trachea and into the bronchi and its branches. The aim of the bronchoscopy is to determine the extent of the tumour and to take tissue samples with a small forceps or to take cell samples with small brush.

- EBUS: An endobronchial ultrasound examination (EBUS) combines a bronchoscopy and an ultrasound. The doctor inserts an ultrasound probe at the end of a bronchoscope tube, and then takes tissue and cell samples.
- A CT- or ultrasound-guided tissue biopsy from the lung or metastases. The doctor will take a sample of the tumour tissue using a thin needle that is inserted through the skin.
- Ultrasound: During an ultrasound examination, the doctor can take fluid samples from the lung sac (pleural fluid) through the chest wall or from other places in the body, such as the liver.

Biomarker test:

Tumour cells from all patients with non-small cell lung cancer are always tested for PD-L1, a protein associated with the response to immunotherapy. For patients with adenocarcinomas, tests are also done to identify various genetic mutations, such as KRAS, EGFR, ALK, ROS1, and others.

Tissue or cell samples are analysed in a laboratory that specialises in pathology. When such genetic mutations are detected, specialised, targeted therapies can be initiated to attack a specific characteristic of the tumour.

Patients diagnosed with lung cancer will often already have an advanced disease at the time of diagnosis. This is also true of patients with KRAS mutations. Some patients who are diagnosed in earlier stages will have been diagnosed by chance after a CT scan of the chest for other reasons.

It is important to keep in mind that there are several treatment options that can slow down or stop the spread of lung cancer, also in patients with KRAS mutations.

Checklist for consultations on diagnosis and treatment

Once you have undergone the initial examinations and been diagnosed with lung cancer, it is a good idea to bring a checklist along to a consultation with your doctor. Make sure to have everything explained to you as precisely as possible so that you can better understand the findings and consequences. We have collected a few tips for the checklist:

Questions about the diagnosis:

- Is the diagnosis certain or are there still uncertainties?
- Where exactly is the tumour located?
- How large is the tumour?
- What is the stage of the disease? Localised, locally advanced or extensive?
- Has the tumour spread outside the lungs?
- Should I have more tests done to confirm the diagnosis?

Questions about treatment:

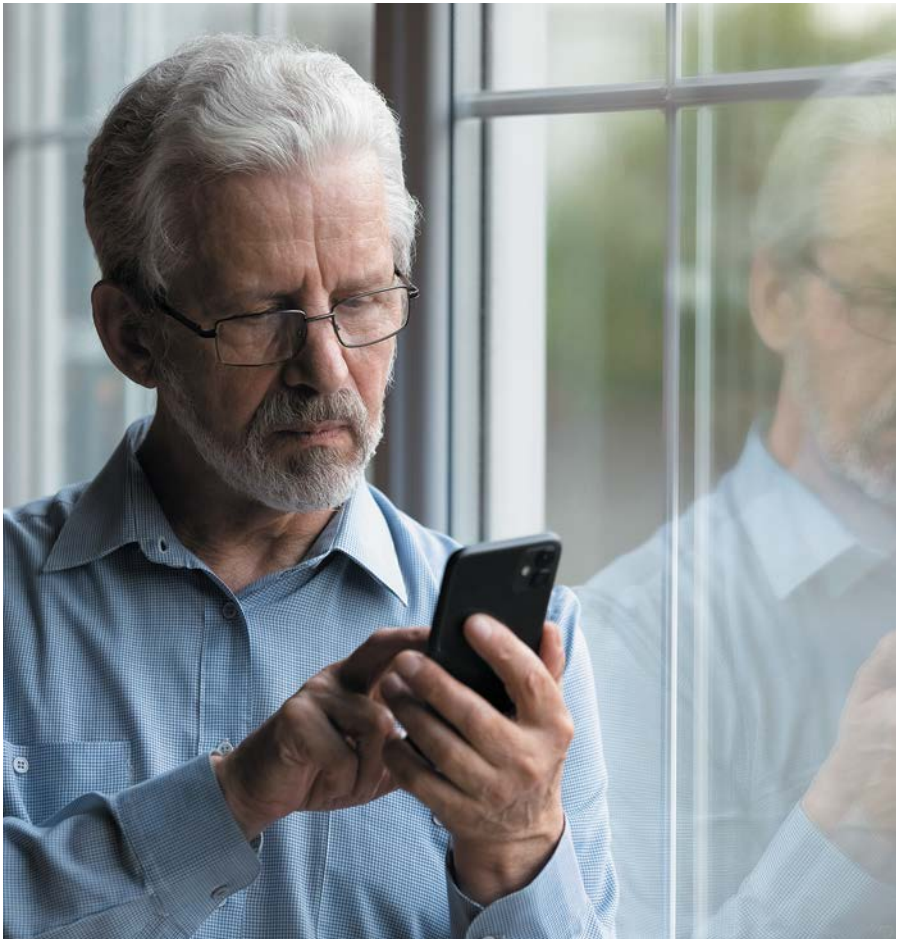
- What is the prognosis?
- Which examinations and measures should I expect going forward?
- Should I be treated at a clinic or a hospital specialising in lung cancer?

Causes and risk factors associated with KRAS-positive lung cancer are unknown

Genetic mutations leading to the lung cancer may be caused by environmental factors, such as smoking, but they often occur spontaneously without any evident cause.

KRAS-positive lung cancer and metastases

Sometimes cancer spreads from one part of the body to another. Lung cancer may, for instance, spread to the brain, liver or bones. This would still be lung cancer, however, so we refer to it as "metastases". Some patients experience symptoms of metastases, while others do not.



Treatment

There are several treatment options for patients who have KRAS-positive lung cancer. You may be offered surgery, traditional cancer treatments such as radiotherapy and chemotherapy as well as drugs targeting your type of cancer. You should discuss the different options with your doctor. The treatment selected largely depends on the stage of the disease, as well as the age and general condition of the patient.

Several drugs have been specially developed to attack the gene mutation that is the cause of your type of cancer.

Patients with lung cancer are discussed at a multidisciplinary meeting (MDT) if the cancer is detected early and surgery may be an option.

Surgery or radiotherapy may cure early stage lung cancer (localised and locally advanced). Chemotherapy alone is not curative, but it can increase the possibility of a cure when provided together with surgery and/or radiotherapy.

Surgery

Surgery with a curative aim can be a treatment option in earlier stages of lung cancer. Surgical removal of tumour tissue in the lungs is done with the intent of curing the patient. Surgery for lung cancer is a good option if the tumour can be removed as completely as possible. This treatment option is only used if the tumour is still limited to one area. Other measures may be implemented before surgery. At the first checkup after surgery (approx. 1 1/2 months), the doctor will determine whether there is a need for additional treatment, such as chemotherapy, immunotherapy or radiotherapy.

Radiotherapy in localised lung cancer

Radiotherapy is used to damage the DNA of the irradiated cells, thereby killing the cells. There are two types of radiotherapy with a curative aim. Stereotactic radiotherapy is a very precise, targeted and high dose of radiation that is administered a few times, with 3-8 treatments approx. every other day, while fractionated radiotherapy is administered 30-33 times.

If the patient is too weak to tolerate the two above-mentioned radiotherapies but is still in good shape with a good general physical condition, it may be determined to administer a few doses to keep the disease stable. This will be determined in consultation with the patient.

Radiotherapy combined with chemotherapy for locally advanced cancer (spreading to the lymph nodes between the lungs)

Combined chemotherapy and radiotherapy is given with a curative aim. Many (30-33) small doses of radiation are given 5 days a week with a break on weekends. In addition, two courses of chemotherapy courses are administered, one at the start and one halfway through the treatment. If the patient has PD-L1 above 1%, they can receive immunotherapy for one year afterwards. Treatment is always assessed individually, partly based on the side effects.

Treatment of metastases

Such treatment may include radiotherapy, including stereotactic radiotherapy, which provides a very precise, targeted and high radiation dose. Radiotherapy is often administered simultaneously with drug therapy.

Brain metastases can be treated with surgery and stereotactic radiotherapy directed at a certain area or the entire brain.

Radiotherapy of bone metastases can provide effective pain relief.

Drug therapy

Targeted therapy

There is a therapy that can inhibit the KRAS G12C mutation (KRAS G12C inhibitor) but it is not approved by the Decision Forum. Currently, it is only offered in Norway through clinical trials. Current studies include patients with progression following first-line treatment. They must be given immunotherapy and/or chemotherapy before they can receive targeted therapy in the trial. Prior to starting on KRAS inhibitors, other medicines that patient is using must be assessed to determine whether they can be combined with KRAS inhibitors. To inhibit KRAS mutations that cause continuous cell division, it is necessary to bind the growth signal from KRAS to a "switched off" function, thereby inhibiting tumour growth.

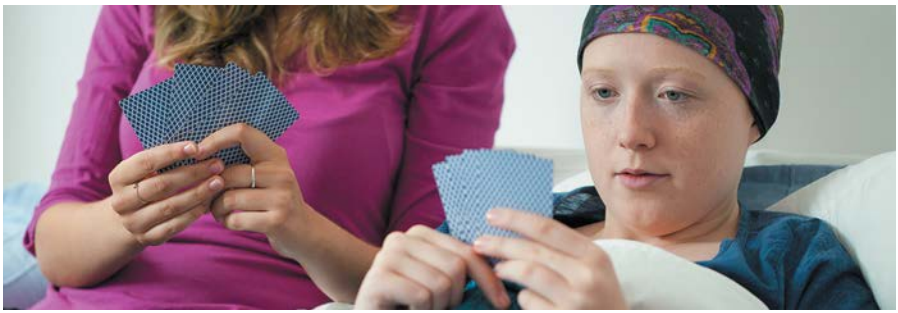
KRAS inhibitors are taken daily in the form of tablets.

Several drugs that are specifically aimed at KRAS mutations are currently under development. These may become available for use after their registration, depending on the available data.

Regardless of the targeted therapy you receive, you will undergo radiological examinations done and have blood tests taken before and during your treatment to monitor the effect and blood cell levels, and to see if your liver and kidneys are functioning properly.

Your doctor will explain how to take the KRAS inhibitors – how many times a day, with or without meals, and any food or other drugs you should avoid taking at the same time.

Usually, the therapy will be continued as long as it is effective unless you experience severe side effects. Do not stop the treatment on your own – talk to your doctor first.



Various symptoms and side-effects during treatment for KRAS-positive lung cancer

If you have KRAS-positive lung cancer, you may experience symptoms of the lung cancer and side-effects of the treatment. It is a good idea to talk to your doctor about all signs and symptoms or side-effects – especially if you start feeling worse.

Common signs and symptoms of lung cancer include:

- Persistent cough, coughing up blood
- Chest pain
- Shortness of breath
- Recurrent infections (such as bronchitis or pneumonia)
- Feeling tired and weak

Many experience an intense fatigue that makes it difficult for them to engage in normal activities and that affects their quality of life.*

Those who are given targeted therapy for KRAS-positive lung cancer may also experience side-effects directly related to the therapy and that resemble some of the signs and symptoms described above, such as:

- Anaemia
- Abdominal pain, diarrhoea, constipation, nausea, vomiting
- Intense fatigue (exhaustion), fever
- Drug-induced liver damage (increased ALT and AST)
- Breathing difficulties, coughing
- Arthralgia, back pain
- Headache

Talk to your doctor if you experience any of the symptoms or side effects mentioned here, if your physical condition worsens.

*Based on feedback from members of the support group.

Treatment resistance or resistance in cancer cells

Although more than 80 per cent of patients respond to KRAS inhibitors, most KRAS inhibitors stop working after a while as the cancer cells develop resistance and begin dividing again. Unfortunately, resistance may develop as early as in the first 3 months after starting therapy, but in some patients these drugs can be effective for much longer.

When resistance occurs, the patient can switch to another type of therapy. In addition, new KRAS inhibitors and other drugs for KRAS-positive lung cancer are constantly being researched and developed, and the patient may benefit from participating in a clinical trial, if possible.

Sometimes, resistance develops because KRAS-positive cells develop several mutations other than KRAS.

Several of these resistance mechanisms may occur in the same tumour. Because this can happen, it can be useful to be able to take another tissue biopsy if the disease progresses. If this is difficult for the patient, a blood test where traces of DNA from cancer cells can possibly be found would be helpful. Some cancer mutations have been reported using this technique.

Chemotherapy

Chemotherapy, or cytostatics are drugs that kill cells or inhibit cell growth and cell division. Chemotherapy is often used in combination with immunotherapy.

Immunotherapy

Immunotherapy is cancer treatment that utilises the body's own immune system to attack the cancer disease.

For KRAS-positive lung cancer, immunotherapy, possibly combined with chemotherapy, is the first-line treatment.

If the cancer progresses while you are on this therapy, it could be that you will need other drugs. This is known as moving from one line of therapy to another. The good news is that new drugs are continually being tested in clinical trials.

Some advice on how best to cope with treatment

- Be aware of any changes related to your health: It may be useful to keep a journal where you can write down your feelings, symptoms and side effects. These are things you can discuss with healthcare personnel, which can help you feel you have better control over your life.
- Share your experiences: Let your doctor know about any side effects. Do not stop taking your medications – talk to your doctor instead.
- Learn more: If you would like to learn more, ask questions and find out as much as you can about KRAS-positive lung cancer and its treatment. Obtain information from reliable sources.

Clinical trials

All potential new drugs must be carefully tested to see if they work as they should and can safely be used by humans. These tests are done in clinical trials. Ask your doctor about clinical trials that may be suitable for you.

Clinical trials may be a good option for patients who need treatment for progressive cancer, as it has been shown that participation in clinical trials may result in a better prognosis. Patients who participate in a clinical trial are always closely monitored through tests, hospital visits and other follow up. In a clinical drug trial, patients are usually divided into groups for comparison in order to ensure clear results. Neither you nor the doctor will know whether you are receiving the drug to be tested in the study or whether you have been randomly placed in the control group.

Your doctor may ask you if you wish to participate in a clinical trial. It costs nothing to participate and it is entirely voluntary.

If you are considering taking part in a clinical trial, you should try to find out as much as possible about the study before you decide whether to join:

- What are the researchers trying to learn?
- Are there potential side effects linked to the drug?
- What do I have to do?
- Where do I have to meet up?
- What are my rights and duties as a participant?
- What is the alternative if I do not wish to participate?

You can find an overview of ongoing clinical trials at www.clinicaltrials.gov (search for KRAS + lung cancer), or go to **www.helsenorge.no/kliniske-studier**where you will find a list of all clinical trials in Norway.

Current research

KRAS mutations

Several new drugs are being developed and tested that target different KRAS mutations. Since there are several different KRAS mutations, many of the drugs will only be effective on one specific mutation.

Improved screening

Treating lung cancer in the earlier stages will give better results, which is why there is a strong interest in being able to detect lung cancer before symptoms appear. It has been proven that CT screening increases life expectancy for lung cancer patients, and such a study has already begun at Akerhus University Hospital (Ahus). Researchers are investigating better screening techniques, such as genetic testing, to understand who may be at higher risk of developing lung cancer. So far, there is no evidence of this.

Advances in treatment

Work is being done to find ways to improve the effect of different types of treatment in combination, such as surgery or radiotherapy together with immunotherapy, while at the same time reducing side effects of these.

Much of the research into KRAS-positive lung cancer focuses on treating lung cancer in the same way as other chronic diseases: with lifelong drug therapy and other therapies. New drugs are being researched in clinical trials that include patients who have developed resistance.

Liquid biopsies

Researchers are studying whether DNA released from cancer cells in patients' blood samples can help identify molecular changes that can be used to help plan treatment.

Patient story

Participation in a clinical trial with good progress

"No one would believe that I'm having cancer treatment, because I don't look ill." Gunn Linda Kristiansen, age 63, from Tønsberg, has KRAS-positive, non-small cell lung cancer and receives treatment through a clinical trial at Oslo University Hospital.

Through this clinical trial, Gunn Linda is closely followed up. Every 2 to 3 weeks, she comes to Ullevål Hospital for blood tests, scans and occasionally new biopsies.

"My follow-up has been amazing, both here in Tønsberg and at Ullevål. The oncology nurse phones me often to check how I'm doing. I have decided to just be positive and go along with whatever the doctors recommend!"

Quick diagnosis and treatment

"I had my suspicions already when I went to my GP because I kept coughing and having colds all the time. The thought of cancer was always at the back of my mind. My GP sent me for an x-ray,

and from there, everything happened quickly. After I was diagnosed, they took scans of my brain, where they found a small tumour."

After her diagnosis, Gunn Linda had a seven-week hospital stay at Ullevål Hospital, where she was given chemotherapy and radiotherapy.

"Although it's been quite a journey, I have no complaints. Everyone has been amazing and I've felt well cared for the entire time. Everything happened so fast! Before long I was in the system."

Tolerated all treatment well

Gunn Linda was given a total of 34 radiotherapy sessions and two rounds of chemotherapy.

"It went really well. I hardly reacted to the chemotherapy. The radiotherapy made me very tired and I struggled to eat because I had a strong metallic taste in my mouth. After a while, I found that eating Turkish pepper candy and drinking sour drinks helped with the bad taste in my mouth."

Eight pills every morning.

Gunn Linda's lung cancer was discovered in the spring of 2021. After er treatment in Oslo, she was sent home and back to the Vestfold Hospital Trust in Tønsberg. From November 2021 until the winter of 2023, she was given immunotherapy.

"This treatment also worked really well for me. I had no reactions apart from feeling more tired. In the winter, I was offered the chance to participate in a clinical trial at Oslo University Hospital. This meant that I had to stop treatment for six weeks, and I noticed this quickly in my body. I had more pain and coughed a lot more. The doctors wanted the tumour in my brain to stabilise before I started the clinical trial. So I was given three sessions of radiotherapy to the brain and in June, I started the clinical trial. Now I take eight pills every morning, and I have already noticed significant progress! The pain in my body is gone, and I am coughing a lot less!"

Living a normal life

Gunn Linda no longer works, but she is focused on staying active. Early each morning, she goes for walks in the woods. She also spends time with her grandchild and loves being a grandmother.

"I would say that I am living a normal life. I'm not the type to sit down and feel depressed. That said, I have absolutely had some difficult days. But then I take a walk in the woods, cry a bit and allow myself to feel angry. That usually helps!

Terminology

Line of treatment (first-line, second-line, etc.):
First-line treatment is the first drug or treatment given to a patient for a specific disease (usually regarded as the best treatment for this disease). Second-line treatment can be given if the first drug is not effective enough for the patient.

Biopsy: A procedure that involves taking a tissue sample from the body in order to look for signs of disease. The tissue sample is examined for any changes or growth patterns.

CT scan: computer tomography is cross-sectional photography of relevant areas of the body using X-rays.

Fatigue: Another word for intense exhaustion.

Gene: A piece of the body's DNA (genetic material) that determines the body's characteristics, such as hair colour, eye colour or proteins that regulate cell growth.

Genetic mutation: An abnormal alteration of the DNA sequence in a gene. A somatic mutation is a mutation occurring in a gene that is not hereditary and that normally only occurs in certain parts of the body. These mutations are usually caused by environmental factors, but they can also occur spontaneously. A germline mutation can occur in cells that have developed into egg or sperm cells, and that can be passed on from parents to offspring. Gene mutations have various effects on our health depending on where they occur and what function the mutated gene originally had.

Hereditary: Something passed from a parent to their offspring through the genes. Characteristics or diseases that children inherit from their parents.

Brain metastases: When the cancer has started in one place in the body, such as the lungs, but spreads to the brain. This is still considered lung cancer, not brain cancer.

KRAS: A protein in cells that plays a role in turning the signal for cell growth on and off.

KRAS inhibitors: Anti-cancer drugs that act on and block (inhibit) the growth of cancer cells caused by KRAS mutations.

KRAS mutation: Mutations (gene alterations) occur when cells divide. If the mutation occurs in the gene for KRAS, the function of regulation KRAS has for cell growth is disrupted. This can lead to uncontrolled cell growth and the development of cancer.

Cancer: A group of diseases caused by an uncontrolled division and growth of abnormal cells in parts of the body.

Metastases: When cancer spreads from one part of the body to another.

Molecular testing: A lab test that analyses certain changes in a gene or chromosome

that could cause a certain disease or condition.

MRI scan: produces digital images of internal organs with the aid of a very strong magnetic field and radiofrequency pulses.

Targeted therapy: Targeted drugs that only work on specific cancer cells by affecting how they send signals or interact with each other. This can stop cancer cells from dividing and growing.

Neuropathy: Nerve damage that may be caused by drugs, tumours or surgery. The symptoms vary depending on which nerves have been affected. You may experience pain, extreme sensitivity, numbness or weakness. Symptoms are often most noticeable in the hands, feet or lower part of the legs. The nerves that control digestion and blood pressure may also be affected, which can lead to constipation, dizziness or other symptoms.

NSCLC: Non-small cell cancer. Approx. 85% of all lung cancer cases are NSCLC. KRAS-positive lung cancer is one form of NSCLC and comprises approx. 17 % of all NSCLC cases.

PET-CT: Positron emission tomography (PET or PET-CT) is a diagnostic examination that enables the production of physiological images of the body, i.e. Images that show activity in cells and tissues through the detection of positrons. Before the examination, the patient is given a weak radioactive glucose solution. During the examination, the patient is slowly led through a scanner where images are taken of their entire body. Cancer cells need a large supply of energy and have a high rate of metabolism, so the glucose collects in these cells. It is easier to see the affected tissue on these images through the glucose solution.

Central nervous system: Part of the nervous system that consists of the brain and spinal cord.

Somatic (mutation): Non-hereditary genetic mutations that occur after birth, during a lifetime.

Tumour: A mass or lump caused by abnormal tissue growth. These can be benign (not harmful) or malignant (cancer).

Translocation: Where a piece of DNA moves from one places to another. A KRAS gene translocation refers to the rearrangement of the KRAS gene.

Norwegian Lung Cancer Society

The Norwegian Lung Cancer Society is a patient organisation for those who have or have had lung cancer, and for family members of lung cancer patients.

We provide advice and support, and we protect the interests of lung cancer patients. Together, we work to improve treatment and rehabilitation for lung cancer patients. We work to spread knowledge of lung cancer prevention, and to promote the issue of lung cancer before health authorities and politicians.

The Norwegian Lung Cancer Society has 900 members. We have local organisations, contacts in the county and peer support persons throughout the country. More detailed information about us and our peer support services can be found on our website: **lungekreftforeningen.no**

Contact us:
E-post Secretariat: post@lungekreftforeningen.no
Phone Secretariat: **93470121** – the phone line is open Monday–Friday, 09:00–15:00

Peer support services:
Living with a serious illness involves experiences that can make us feel alone. Family members may also feel alone with the uncertainties and concerns this entails. The Norwegian Lung Cancer Society therefore aims to provide a community for people in the same situation. We have peer support persons who are patients, as well as family members who have gone through the process of the disease and have been trained to provide support to others who have found themselves in the same situation.

You can contact the Norwegian Lung Cancer Society's peer support persons directly. See the list of our peer support persons on our website: **www.lungekreftforeningen.no/likepersontjenesten**
You can also send an e-mail to **likeperson@lungekreftforeningen.no**

Join our community – become a member of the Norwegian Lung Cancer Society:

lungekreftforeningen.no/stott-oss/bli-medlem

We partner with:

KREFTFORENINGEN

Community

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