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CHALLENGING CASES

Small Cell Lung Cancer

Patient cases: Limited Stage to Extensive Stage Small Cell Lung Cancer

Limited Stage SCLS

- 72-year-old female with 40 pack-year smoking history; quit ~10 years ago
  - Cough and SOB, Wheezing, Some fatigue, Recent weight loss, History of hypertension
  - CXR: left hilar mass and a 4.4-cm left upper-lobe mass
  - CT Scan: hilar mass with mediastinal extension
  - Negative for distant metastatic disease
  - MRI head negative
  - ECOG PS 1
  - Biopsy of mediastinal LN shows SCLC

➢ ***Diagnosis:*** T2bN2M0; Stage III LS-SCLC

Extensive Stage SCLC

- 59-year-old male with 10 pack-year smoking history
  - Cough and SOB, Pain and muscle weakness, Chest and spinal pain, Trouble swallowing, Fatigue, Recent weight loss
  - CXR: multiple large masses in multiple lung lobes
  - CT Scan: Liver mets, Lymph node positive, Bone mets
  - MRI head negative
  - ECOG PS 2

➢ ***Diagnosis:*** ES-SCLC

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Challenging Cases in… Lung Cancer

CSN Spring Summit Meeting

Program conducted live March 15, 2025

Note: High-level summary based on discussion with ~50 HCPs and does not necessarily reflect the views and opinions of the moderator or Cornerstone Specialty Network unless otherwise stated.

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Small Cell Lung Cancer

Patient case: Limited Stage to Extensive Stage

Key Questions:

- ***What is the optimal therapy for limited stage disease?***
  - *Do you order prophylactic cranial irradiation (PCI) for all of your patients with limited stage SCLC*
  - *At what point do you order imaging to assess response after completing concurrent chemo-RT (cCRT)?*

- ***What is the optimal therapy for extensive stage disease?***
  - *What is your choice of subsequent therapy for extensive stage disease with progression within 6 months of completing chemotherapy?*

Discussion with HCP Participants

What treatment would you initially recommend for LS-SCLC?

- *In general, chemotherapy with concurrent RT followed by durvalumab is now the treatment of choice for LS-SCLC*
  - *Recently approved in December 2024; no one has utilized yet for longer than a few months*
  - *Agreement that full adoption won't occur until a newly approved treatment is included in NCCN Guidelines as most patients are on Medicare; do not want to take financial risk*
    - *NCCN Guidelines need to update quicker after FDA approval*
    - *Category 2a or better is preferred to ease approval process*
    - *Peer reviewed publications (e.g., NEJM) can support approval prior to NCCN Guidelines update*
- *Almost all use cisplatin for LS-SCLC and most patients complete 4 cycles of therapy*
  - *Some use lower dose to preserve kidney function; do not use cisplatin if GFR is less than 60*
  - *Some split out 75 mg/ml day 1 into 25 mg/ml over days 1, 2, and 3*
- *Most defer to radiation oncologist; patients are already seeing them*

Discussion based on ADRIATIC (NCT03703297)

Discussion with HCP Participants

Do you order prophylactic cranial irradiation (PCI) for all of your patients with limited stage SCLC?

- *Prophylactic cranial irradiation (PCI) is offered to patients on a case-by-case basis*
  - *Age and or performance status are impactful*
- *It was discussed that those that received PCI had longer overall survival based on subgroup analysis of the ADRIATIC trial*
- *Patient preference is impactful; some decline treatment*
  - *Associated toxicities are challenging and can impact QoL e.g., cognitive decline, dementia, strokes etc.*
- *Some utilize lower dose radiation to prevent brain mets; data for (high dose) PCI was prior to IO becoming SoC*
- *If no PCI , monitor more closely for CNS mets with MRI every 3 months*

Discussion based on ADRIATIC (NCT03703297)

Discussion with HCP Participants

At what point do you order imaging to assess response after completing concurrent chemo-RT (cCRT)?

- *In general, most participants order imaging to assess response after either 3 – 4 weeks or 4 – 6 weeks after completing concurrent chemo-RT (cCRT)*
- *It was noted that treatment with durvalumab was initiated within 42 days of cCRT completion for patients who had not progressed based on the ADRIATIC study design*
- *One participant indicated that earlier use of durvalumab can result in better response and suggested scans at 2 – 3 weeks would be more beneficial*
- *One participant indicated that they order a PET scan, but suggested that it is important to wait long enough to be sure that there is no progression of disease in order to be able to utilize durvalumab based on approval*

Discussion based on ADRIATIC (NCT03703297)

Discussion with HCP Participants

What is your choice of therapy for extensive stage disease?

- *In general, chemotherapy with atezolizumab or durvalumab followed by maintenance atezolizumab or durvalumab is standard of care for ES-SCLC*
- *Carboplatin is utilized more in the extensive stage setting for SCLC*
- *Durvalumab is viewed as having better data for patients with brain mets*
- *Approval of durvalumab in LS-SCLC and ES-SCLC is viewed positively*
- *FDA approval of atezolizumab is with carboplatin only but no issues are experienced with using cisplatin*

Discussion based on CASPIAN (NCT03043872), IMpower133 (NCT02763579), IMbrella A (IMpower133 extension study)

Discussion with HCP Participants

What is your choice of subsequent therapy for extensive stage disease with progression within 6 months of completing chemotherapy?

- *In general, if progression occurs within less than 6 months lurbinectedin is preferred by most as it is well tolerated with some cytopenia and fatigue*
- *Some indicated that retreating with a platinum-based chemotherapy would be dependent on prior number of doses (4 vs 6)*
- *Strong desire to use best therapy possible for rapid progressors*
- *General awareness of the approval of tarlatamab with some adoption and utilization to date, with increase uptake after permanent J-code in January 2025*
- *Some are utilizing a tertiary care center for overnight monitoring after administering in office*
- *Some are managing in office administration (at 8 am and stay all day) and monitoring overnight (nurse calls at 6 pm, 10 pm, and 6 am) before returning to office (8 am)*
- *Some prophylactic utilization of tocilizumab to manage CRS/ICANS*

Discussion based on DeLLphi-301 (NCT05361395)

- *Chemotherapy with concurrent RT followed by durvalumab is the treatment of choice for LS-SCLC, with most preferring cisplatin and most patients completing 4 cycles of therapy*
  - *Prophylactic cranial irradiation (PCI) is offered to patients on a case-by-case with age, performance status as well as patient preference and associated toxicities impacting treatment decisions*
  - *Imaging to assess response after completing concurrent chemo-RT (cCRT) is ordered after either 3 – 4 weeks or 4 – 6 weeks, noting that earlier use of durvalumab can result in better response*
  - *Treatment decisions for limited stage disease can impact subsequent choice of therapy on progression to ES-SCLC*

- *Chemotherapy with atezolizumab or durvalumab followed by maintenance atezolizumab or durvalumab is standard of care for ES-SCLC, with most preferring carboplatin*
  - *Chemotherapy-free interval until progression informs next therapy choice*
  - *If progression occurs within less than 6 months lurbinectedin is preferred*
  - *Adoption of tarlatamab is increasing with various strategies to overcome administration, monitoring, and management of toxicities*

High-level Summary

Challenging Case presented and moderated by…

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