

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/an-nsclc-experts-take-on-aggressive-disease-management/10289/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

An NSCLC Expert's Take on Aggressive Disease Management

Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Birnholz:

For ReachMD, I'm Dr. Matt Birnholz. On this episode, we spoke with Dr. Edward Kim, Chair of Solid Tumor Oncology and Investigational Therapeutics at Levine Cancer Institute. Dr. Kim discusses the rationale for aggressive management of NSCLC recorded from his office in Charlotte, North Carolina. Here's his perspective.

Dr. Kim:

As more and more treatments come on to the scene, clinicians are faced with much different treatment decisions than in the past. The types of disease are classified by the name, such as non-small cell lung cancer, first-line or second-line, but what we don't really measure well is how a disease worsens or progresses. As we treat patients, their diseases act uniquely. Some patients that I've seen will have slow progression of the same disease and have slow growth that, in fact, seems less urgent and can actually be treated with the same agent over time as long as they are doing clinically well. Other scenarios include new disease that occurs, and sometimes, if it's oligometastatic, we can treat that with some local therapy. But if it's the worst case scenario, which is new disease in multiple places as well as the underlying disease growing, then we've really got to switch therapy and be pretty aggressive about that. If the patient is on therapy when this is happening and it occurs after a short time of treatment, generally looked at as less than 6 months, then we do have a classification of patients who have aggressive disease, and we want to be aggressive ourselves in how we treat that disease. Some of the methods could include using drugs or combinations that may have a more rapid onset and produce a higher response rate.

I think it's really important when you're dealing with a situation where a patient's disease is growing rapidly and through treatment that you want to try and stay on top of that as much as possible by using either combination chemotherapy agents with other agents or what may confer the best response rate in these patients. If you haven't tested for different mutations or driver mutations, it would be really important to have that information ahead of time so that you could give the patient the best treatment. It's a tough situation, but we do have many different drugs and combinations that can be utilized to help these patients who have this aggressive disease phenotype.

Dr. Birnholz:

That was Dr. Edward Kim sharing his thoughts on aggressive management of NSCLC. For ReachMD, I'm Dr. Matt Birnholz. Thanks for listening.

Announcer:

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