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TRANSCRIPT

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Tips on Treating Progressive Metastatic Non-Small Cell Lung Cancer

Announcer:
This is ReachMD, and you're listening to Closing the Gaps in Non-Small Cell Lung Cancer, sponsored by Lilly.

On today's program, we'll hear from Dr. Christine Bestvina, oncologist and Assistant Professor of Medicine at the University of Chicago. Dr. Bestvina addresses therapeutic and supportive care priorities for patients with progressive metastatic disease.

Dr. Bestvina:
For patients who have progressed after a platinum doublet, the next line of therapy will often depend on whether or not the patient also received immunotherapy in the front-line setting. For patients who have high PDL1 expression their frontline treatment is either immunotherapy alone or a combination of chemotherapy plus immunotherapy. For patients with lower TBS scores of 49% or lower, these patients all receive chemotherapy plus immunotherapy, unless contraindicated. These patients are certainly benefiting from the additive effects of chemotherapy plus immunotherapy. If a patient hasn't already received immunotherapy in the front-line setting, immunotherapy is my recommendation for second-line treatment. This is based off of improved progression-free survival and overall survival over docetaxel. What gets a little more complicated is treatment recommendations for patients who have progressed on the triplet. My treatment recommendation is often based off of their performance status, how healthy they are, and their comorbidities, as well as time to progression.

I think one of the most challenging groups of patients that we're still trying to navigate are those who have autoimmune disease, given there is certainly a theoretical higher risk of immune related adverse events. Up until now, I think oftentimes we've made that decision of whether or not to incorporate immunotherapy into the front-line treatment based off a combination of how serious a patient's autoimmune disease is at the time, how active it is, and whether they've been on a stable treatment regime and for a long time, in addition to what their current performance status is.

Managing a patient's side effects aggressively along with their treatment is incredibly important. Patients who have their pain under better control are more likely to be active, more likely to retain that good performance status for longer, and more likely to have less emotional suffering related to their disease.

In order to accomplish this, I often co-manage with my palliative care physicians to really focus on pain control, which can truly affect a patient's quality of life. We'll also discuss how a patient is coping emotionally with their diagnosis, whether that be depression or anxiety, or whether there is any role for supportive medication to try to alleviate these symptoms.

Palliative care physicians allow an additional set of eyes and ears in relation to a patient to make sure that all of the symptoms are heard and addressed in a timely fashion. And they can certainly be an oncologist's best asset.

Announcer:
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