

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/project-oncology/differentiating-large-cell-neuroendocrine-carcinoma-from-other-lung-cancers/36459/>

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Differentiating Large Cell Neuroendocrine Carcinoma from Other Lung Cancers

Announcer :

This is *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Balazs Halmos, who's a Professor in the Department of Oncology at the Albert Einstein College of Medicine and the Associate Director of Clinical Science at the Montefiore Einstein Comprehensive Cancer Center in New York City. He'll be discussing the differences between small cell lung cancer and large cell neuroendocrine carcinoma of the lung. Here's Dr. Halmos now.

Dr. Halmos:

Most of the times small cell lung cancer is actually fairly easily recognizable for the pathologist: tiny cells, salt-and-pepper chromatin, nuclear molding, scant cytoplasm. But large neuroendocrine can have a diverse set of features, so sometimes it's hard to recognize for the pathologist. Are they looking at just a non-small cell lung cancer subtype, or is it truly something in the kind of small cell neuroendocrine cancer differentiation pathway? And for such distinctions, many times immunohistochemistry helps, and that is synaptophysin, chromogranin, and CD56. Sometimes, actually, molecular testing is important as well, especially as we're learning large cell neuroendocrine carcinoma can fall into two very unique molecular subtypes. One is more small cell-like with P53 and retinoblastoma abnormalities, and the other one tends to be retinoblastoma wild type with molecular changes much more characteristic of lung adenocarcinoma: KRAS mutations, STK11 and Kip1. But either way, ultimately, large cell neuroendocrine carcinoma ends up being quite aggressive, highly proliferative cancer type with somewhat limited knowledge as to treatment options due to its uncommon nature. So again, recognizing it correctly and then utilizing the limited but still existent knowledge to be able to treat them properly is super important.

Most of these cancers, both small cell and large cell neuroendocrine carcinoma, can be highly aggressive and tend to present in a metastatic state. That being said, small cell lung cancer is the more aggressive of the two, with a very, very rapid progression. Chemotherapy certainly is the foundation of treatment for these patients. Well, some large cell neuroendocrine carcinomas can still be surgically resected and then receive potentially adjuvant therapy. So there's some subtle differences in terms of the stage of presentation and aggressiveness, but still highly proliferative, highly aggressive cancers calling for urgent attention and appropriate treatment interventions to achieve the best outcome. And that outcome today should be better than in the past couple of years as we've seen improvements in the number of choices of treatment we can offer to our patients besides conventional chemotherapy. Now we have immunotherapy. We have BiTE agents. We have novel ADCs. And the list goes on. So hopefully, we can recognize these patients carefully and offer them a nice lineup of appropriate choices to their treatment continuum.

Announcer:

That was Dr. Balazs Halmos talking about how we can best distinguish small cell lung cancer and large cell neuroendocrine carcinoma of the lung. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.