SMALL CELL CASE

Jason Porter, MD

West Cancer Center and Research Institute

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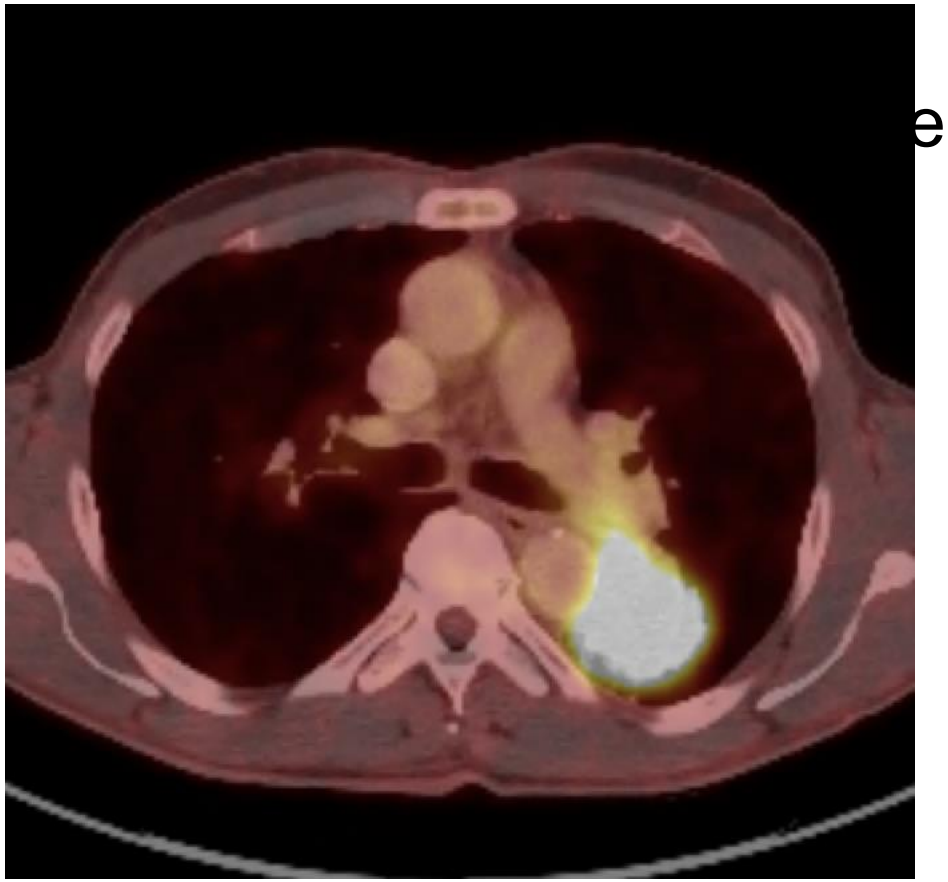
Case Presentation

- 60-year-old male presents to local emergency department with left sided chest pain
- Progressive pain over prior 2 weeks, with associated worsening dyspnea and exercise intolerance
- He noted 15-pound weight loss, night sweats and fatigue as well
- Initial evaluation included imaging

- CT Angiogram Thorax in ER



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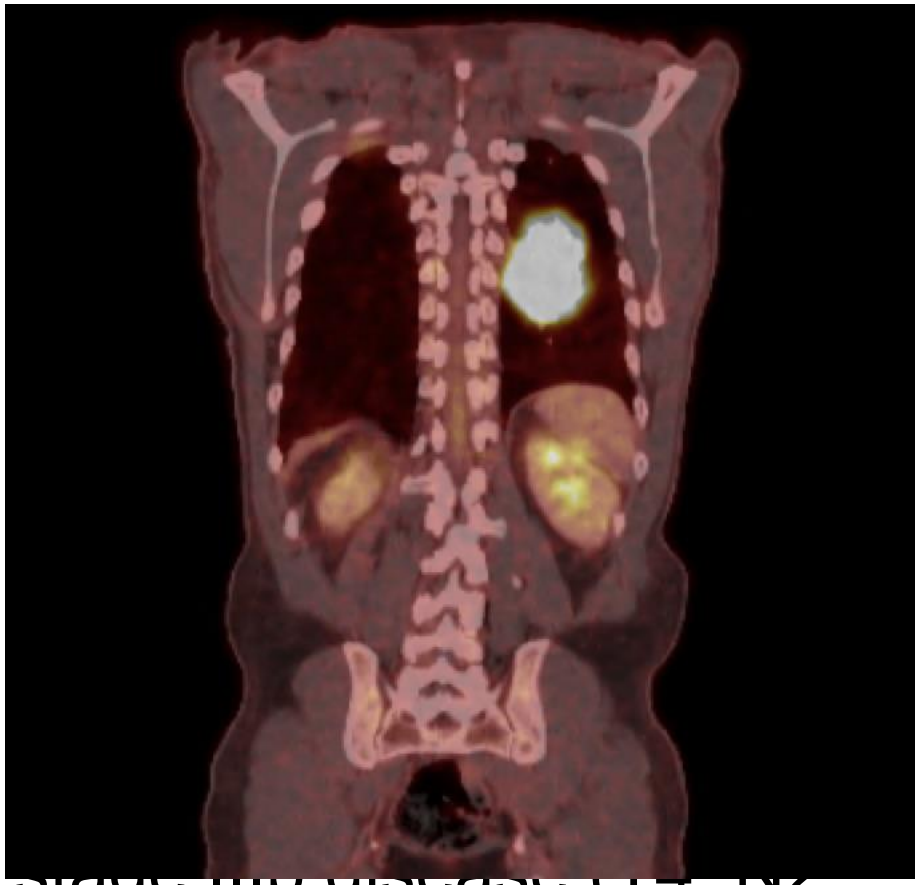
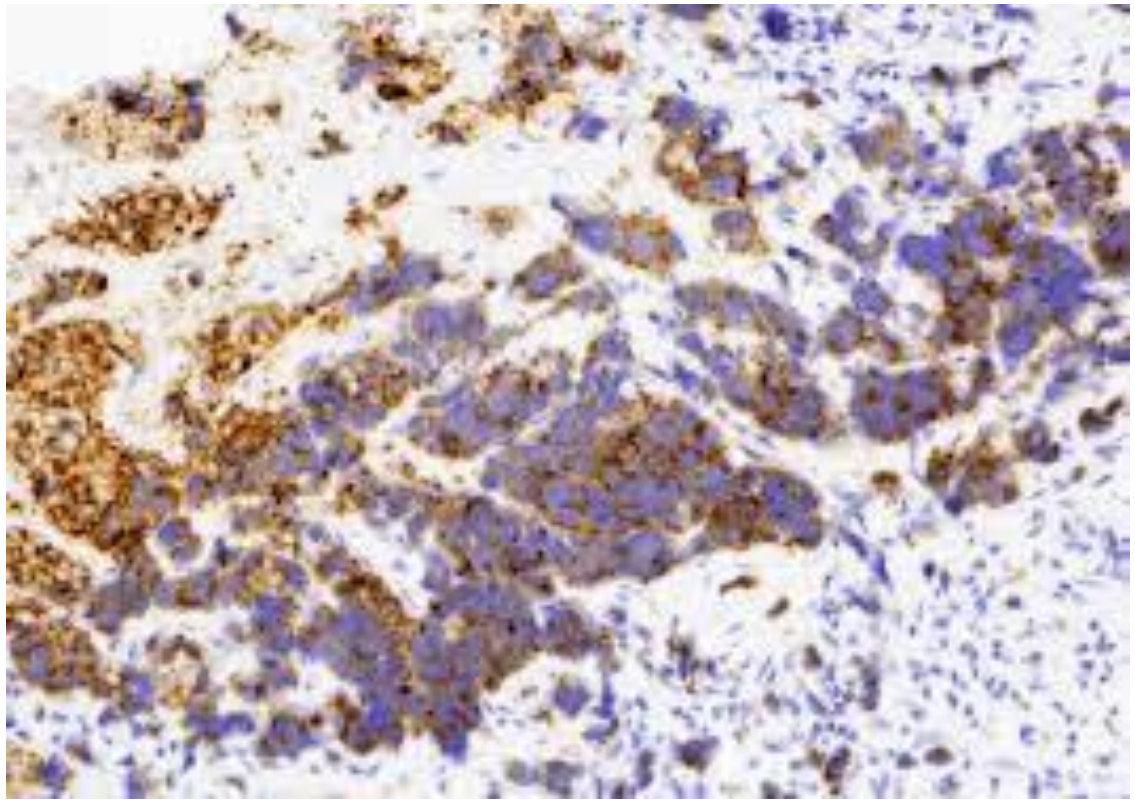
- for further evaluation

- Approximate 8 cm left lower



stage IIIB disease (T4, N2, M0).

- Labs showed hyponatremia (Na = 123) with normal CBC, renal function and hepatic functions
- Pathology from biopsy confirmed
- Small Cell Carcinoma with CK Oscar, synaptophysin, TTF-1, and chromogranin A all positive
- Ki67 = 80%



1L therapy for this patient with small cell should include which of the following:

A. **Cisplatin and Paclitaxel with concurrent XRT followed by Durvalumab**

B. **Carboplatin, etoposide with atezolizumab**

C. **Cisplatin, etoposide with concurrent XRT followed by optional PCI**

D. **Cisplatin, etoposide with atezolizumab**

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Cisplatin, etoposide with concurrent XRT followed by optional PCI

- He still has a curative potential with standard first line therapy for limited stage small cell lung cancer
- His risk of relapse if relatively high, considering his large tumor burden
- If his performance status is compromised or poor, he may not tolerate aggressive concurrent chemoradiation, in which case a palliative approach with chemo/IO would be appropriate
- If palliative approach is taken, consideration of consolidative radiation would be reasonable
- Paraneoplastic hyponatremia (SIADH) is a poor prognostic risk factor

After 3 months of maintenance ICI, there was progression of disease, which of the following would not be the least suitable approach to continue care:

A. Clinical trial with a BITE DLL-3 targeting

B. Topotecan

C. Lurbinectidin

D. Carboplatin and paclitaxel doublet

After less than 3 months on maintenance ICI, there was progression of disease, which of the following would not be the least suitable approach to continue care:

A. Clinical trial with a BITE DLL-3 targeting or another trial

B. Topotecan

C. Lurbinectidin

D. Carboplatin and paclitaxel doublet

- **Lurbinectidin, topotecan and clinical trial are all acceptable options. Topotecan and Lurbinectidin are both approved by the FDA as standard second line therapies. Many other options are also reasonable, but repeating platinum at this point would be less effective given progression after such a recent platinum challenge.**
- **Clinical trials targeting DLL-3 and other epitopes, such as B7 H3 or SLFN-11 are ongoing and reasonable considerations in this early-relapse patient.**