

BPM Lung cancer – Part 2 Key points summary

NSCLC

Surgery is the preferred treatment option for NSCLC for early stage disease (stage I, II and some stage IIIA).

Systemic anti-cancer therapies

- Chemotherapy may play a role in the treatment of stage I, II, III and IV NSCLC. Usually involves doublet therapy.
- Targeted therapies play a role in the treatment of patients with targetable mutations including EGFR, ROS-1, ALK and BRAF V600E.
- Immunotherapies play a role in the treatment of some patients with stage III and IV NSCLC. May be used as a first line treatment, following chemoradiation or in combination with chemotherapy.

Radiation therapy

- Thoracic radiation therapy is a potentially curative treatment option for people with stage I-III NSCLC.
- All patients may benefit from radiation therapy for palliation of chest and extrathoracic symptoms.

SCLC

Limited stage disease

- Surgery is appropriate for stage I SCLC.
- Concurrent cytotoxic chemotherapy and thoracic irradiation remains the standard of care for patients with stage II-III SCLC.
- In patients with a complete or partial response to chemoradiation, prophylactic cranial irradiation (PCI) should be offered.

Extensive stage disease

- Goal of treatment is palliation of symptoms and prolonging survival with cytotoxic chemotherapy and radiation therapy.
- Prophylactic brain irradiation may improve survival in patients with extensive disease who have responded to chemotherapy.
- Immunotherapies in combination with chemotherapy in the treatment of extensive stage SCLC have shown some promising results.

Side effects management

Surgery

- Post-operative complications associated with surgery for lung cancer include, pain, infection, haemorrhage, fatigue, pneumothorax and/or mediastinal shift.

Systemic anticancer therapies

- Chemotherapy
 - Nausea and vomiting: some of the drugs commonly used in the treatment of lung cancer have a moderate to high emetogenic potential. Prophylactic anti-emetic schedules are recommended.
 - Platinum based drugs and taxanes are commonly used in the treatment of lung cancer are associated with a higher incidence of chemotherapy induced neuropathy (CIPN). Patients should be assessed for the signs and symptoms of CIPN prior to each dose.
- Targeted therapies
 - Acneiform rash: Some targeted therapies used in the treatment of lung cancer commonly causes a distinctive papulopustular rash. Both a prophylactic and reactive approach to the management of acneiform rash are acceptable options.
- Immunotherapies
 - Patients who have received prior chest radiotherapy may be at increased risk of developing pulmonary toxicity associated with immunotherapy use.
 - Immune related adverse events can affect any body system and quickly become life threatening. Patients should be assessed for signs and symptoms of irAEs prior to each dose.

Radiation therapy

- Thoracic radiotherapy: side effects may include oesophagitis, skin reaction/dermatitis, cough, nausea and vomiting.
- Cranial radiotherapy: side effects may include alopecia, headaches, hearing loss/tinnitus, nausea and vomiting, cognitive changes, skin reaction/dermatitis.