Treatment of Small Cell Lung Cancer: American Society of Clinical Oncology Endorsement of the American College of Chest Physicians (ACCP) Guideline

An ASCO Endorsement of Treatment of Small Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines
Introduction

• The purpose of this American Society of Clinical Oncology (ASCO) Guideline is to review and endorse the American College of Chest Physicians (ACCP) guideline on the Treatment of Small Cell Lung Cancer, by Jett, et al, CHEST, published in 2013.

• The issues addressed in the original guideline as well as this endorsement concern the diagnosis and management of patients with SCLC.
ASCO Endorsement Methodology

The ASCO Clinical Practice Guidelines Committee endorsement review process includes:

• a methodological review by ASCO guidelines staff
• a content review by an ad hoc expert panel
• final endorsement approval by ASCO CPGC.

The full ASCO Endorsement methodology supplement can be found at:
www.asco.org/endorsements/sclc

ACCP Guideline Methodology can be found at:
http://journal.publications.chestnet.org/data/Journals/CHEST/926876/chest_143_5_suppl_e400S.pdf
Guideline Questions

1. In patients with SCLC, what is the ability of PET imaging to determine the stage of cancer?

2. In patients with LS-SCLC, how do the parameters of thoracic radiotherapy (TRT) affect survival?

3. In patients with ES-SCLC, what is the survival after treatment with chemotherapy, including novel and targeted agents?

4. In elderly patients with SCLC, what is the survival and toxicity after treatment with chemotherapy or radiation?
Target Population and Audience

- **Target Population**: Patients with SCLC
- **Target Audience**: Primary care providers, oncologists, radiologists, pathologists, other health providers
Summary of Recommendations

- In patients with SCLC (proven or suspected), a staging evaluation is recommended consisting of a medical history and physical examination, CBC and comprehensive chemistry panel with renal and hepatic function tests, CT of the chest and abdomen with intravenous contrast or CT scan of the chest extending through the liver and adrenal glands, MRI or CT of the brain, and bone scan (Grade 1B). *If PET is obtained, then bone scan may be omitted. CBC should include differential.*

- In patients with clinically limited-stage (LS)-SCLC, PET imaging is suggested (Grade 2C). *Remark: If PET is obtained, then bone scan may be omitted. PET scan use is also applicable to ES-SCLC*

- In patients with SCLC, it is recommended that both the Veterans Administration system (LS vs extensive stage [ES]) and the American Joint Committee on Cancer/International Union Against Cancer seventh edition system (TNM) should be used to classify the tumor stage (Grade 1B).

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Summary of Recommendations

• In patients with clinical stage I SCLC, who are being considered for curative intent surgical resection, invasive mediastinal staging and extrathoracic imaging (head MRI/CT and PET or abdominal CT plus bone scan) is recommended (Grade 1B).

• In patients with clinical stage I SCLC after a thorough evaluation for distant metastases and invasive mediastinal stage evaluation, surgical resection is suggested over non-surgical treatment (Grade 2C).

• In patients with stage I SCLC who have undergone curative-intent surgical resection, platinum-based adjuvant chemotherapy is recommended (Grade 1C).

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Summary of Recommendations

• In patients with LS-SCLC, early chemoradiotherapy, with accelerated hyper-fractionated radiation therapy (twice-daily treatment) concurrently with platinum-based chemotherapy, is recommended (Grade 1B). *Comparison of accelerated hyperfractionated radiotherapy with an extended course of daily radiation at standard fractionation is currently being investigated*

• In patients with LS- or ES-SCLC who achieve a complete or partial response to initial therapy, prophylactic cranial irradiation is recommended (Grade 1B). *Remark: The regimen of 25 Gy in 10 daily fractions has the greatest supporting data for safety and efficacy. The panel notes that a recent Japanese study failed to demonstrate survival advantage with PCI in patients with extensive stage SCLC. Upon publication of the mature data from this study, the recommendation for PCI in extensive stage SCLC might be subject to revision*
Summary of Recommendations

• In patients with ES-SCLC who have completed chemotherapy and achieved a complete response outside the chest and complete or partial response in the chest, a course of consolidative thoracic radiotherapy (TRT) is suggested (Grade 2C). Further evaluation of this question is required before a treatment recommendation can be made.

• In patients with either LS- or ES-SCLC, four to six cycles of platinum-based chemotherapy with either cisplatin or carboplatin plus either etoposide or irinotecan is recommended over other chemotherapy regimens (Grade 1A). Clinical trials in the US and Europe have not demonstrated a benefit for the Irinotecan regimen over that based on etoposide. In LS disease four cycles is preferred.

• In patients with relapsed or refractory SCLC, the administration of second-line, single agent chemotherapy is recommended (Grade 1B). Remark: Reinitiation of the previously administered first-line chemotherapy regimen is recommended in patients who relapse. 6 months from completion of initial chemotherapy. Enrollment in a clinical trial is encouraged. Single agent Topotecan has FDA approval in this context.
Summary of Recommendations

• In elderly patients with LS-SCLC and good performance status (PS) (Eastern Cooperative Oncology Group [ECOG] 0-2), treatment with platinum-based chemotherapy plus TRT is suggested, with close attention to management of treatment-related toxicity (Grade 2B).

• In elderly patients with ES-SCLC and good PS (ECOG 0-2), treatment with carboplatin-based chemotherapy is suggested (Grade 2A).

• In elderly patients with SCLC and poor PS, treatment with chemotherapy is suggested if the poor PS is due to SCLC (Grade 2C).
Reprint Permission

Endorsement Recommendation


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Additional Resources

More information, including a Data Supplement with a reprint of all ACCP recommendations, a Methodology Supplement, slide sets, and clinical tools and resources, is available at

www.asco.org/endorsements/sclc

A link to the ACCP guideline recommendations on Treatment of Small Cell Lung Cancer can be found at

http://www.chestnet.org/

Patient information is available at www.cancer.net
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