Lung Cancer Foundation of America

Hope With Answers: Living With Lung Cancer

Breakthrough Treatments Bring New Hope for Small Cell Lung Cancer Patients Transcript

Mitch Jelniker (00:00):

There was a day so long ago when the words small cell Lung cancer like a death sentence

Diane Mulligan (00:08):

Know Lung cancer even five years ago options were Limited today thanks to clinical trials and the patients who participate them there are a number of new treatments you should know about

Mitch Jelniker (00:21):

So today we'll explore dos promising new therapies talk to experts making it all happen we're gonna hear from someone whose life has been changed as result

Wendy Brooks (00:31):

You have to have hope you have to not dwell despair because new treatments are coming around every day and the research is just so promising on on what's going to be the next best thing so that's what i would tell hope

Diane Mulligan (00:54):

Lung cancer is a tough topic as a disease affects patients' friends. Coworkers es a that affects people

Mitch Jelniker (01:04):

Advances in Lung cancer treatments over the last few years Lung cancer for years after diagnosis

Diane Mulligan (01:12):

The hope with Answers living with Lung cancer podcast brings your stories about people living truly living with Lung cancer the researchers dedicated to finding new breakthrough treatment and others who are working to bring hope into the Lung cancer experience

Mitch Jelniker (01:34):

Y today's addition of Lung cancer Foundation of America's hope with Answers podcast will unpack new treatment options for those with small cell Lung cancer

Diane Mulligan (01:43):

We're gonna hear from a patient who has firsthand experience in just a bit but first we're gonna hear from Dr. Jacob Sands he's an oncologist who specializes in Lung cancer at the Dana Cancer Institute in Boston. Doctor Sands so great to see you. Um I'd like to talk to you first about the basics how do you describe small cell Lung cancer

Dr. Jacob Sands (02:06):

Well it's kind a big one even though it's basic i mean so broadly small cell Lung cancer is a type of Lung cancer it's a neuroendocrine type of Lung cancer that tends to grow rapidly um and so initially when we treat it it responds great and it can shrink very rapidly but 11 it becomes resistant which can be after many lines of Therapy but when it grows it can grow rapidly i think that's kind a basic way of explaining what is actually a pretty big topic

Diane Mulligan (02:40):

And when you say lines of Therapy you're talking about different forms of treatment 11 the cancer becomes resistant to one you try another one that's considered a second line is that right

Dr. Jacob Sands (02:50):

That's exactly right so we start treatment with an initial whatever the first regimen is the first treatment kind of recipe if i can use that we treat with and we monitor and 11 the cancer grows then we go on to second line and so on

Mitch Jelniker (03:08):

Doctor you mentioned that small cell Lung cancer moves incredibly fast how do you prepare patients for this particularly agressive diagnosis

Dr. Jacob Sands (03:17):

Well this is a complicated and very individualized thing i think first of all when people hear the word cancer it doesn't matter what the cancer type is, eh often the world the world and and the rooms swirls around them and in a lot of ways my interaction with patients is kind of what's going on for them and helping them to get their feet on the ground but relative to them small cell Lung cancer is essentially giving them what feels a bit like the map it's not to say where exactly we will go. Pero it's the map that exists it's the kind the space and the possibilities and what is the realistic potential de normal question well how is this gonna go here es the realistic possibility and thankfully with some advances in the last ten years and even more recently those possibilities potential for longer disease control that goes on for years far more realistically possible for patients now you know i also highlight that there is a worst possible case or worst realistically possible case on on the short end of that spectrum and that can be months i mean this can this disease can really be very tragically short in timeframe um thankfully that's not particularly common because the treatments tend to work very well from the beginning and so it's really a matter of laying that out so for anyone who's listening if you experience being at the doctor or or with a loved one experience being at a doctor's office and they're talking to you and like it it is it makes logical sense but it kind of doesn't register i think that's actually more the norm and so you should feel free going back to re asking certain questions and such it you didn't catch it because its actually really hard to have that discussion and process what is frankly just en unacceptable reality

Diane Mulligan (05:17):

I think that's trues one of the Reasons we love doing this podcast cause people can go back and listen and and hear those Answers and it is true when you hear cancer the first thing you think is how long do i have and then your mind goes to all the different things in your life and will you be able to do them so i love that you put it in that context you know in the past several years the treatment Landscape for small cell Lung cancer has just changed dramatically a can you walk us through what's changed really high level para really high level its giving patients that hope that you just talked about

Dr. Jacob Sands (05:58):

Well i love this question because there es so much that's gone on i don't think many Physicians outside of Oncology even realize the progress that has been made in the treatment of patients with Lung cancer and many other cancers i specialize in Lung so I'm particularly familiar with anyone diagnosed with Lung cancer with rare exception at this point non-small cell o small cell almost everybody getting a drug that is new within the last five to ten years. Fui focus on small cell Lung cancer we had decades of not much changing and then around eight years ago seven eight years ago is where we saw the first really big change in that the checkpoint inhibitors a kind of immunotherapy entered the first line meaning starting treatment with the initial chemotherapy plus in immunotherapy and the magic of that es that there's a subset of patients that end up with years of ongoing disease control i have patients that are more than five years out from that initial discussion doing great living their lives at this point not on treatment and I'll go as far as to say that i think there are some patients that are cured of their incurable disease it is a lottery ticket where the odds of winning are far better than the lottery but it's not everybody and so it still is really a subset the majority of people treated on that first line treatment the cancer grows and we go on to second line treatment but that was a huge advance no about five years ago we had a completely new drug get approved en lo urban in that was a new second line treatment as another type of chemotherapy you know a bit better tolerated than the other chemo regimens and another option to add and then more recently we've seen the t-cell engagers that have shown incredible promise tarab got FDA approved last year this is an immunotherapy that grabs Immune cells and grabs the tumor cells bringing them together and introducing the Immune system to the the cancer cells and in some some patients they really end up having very long control again on this kind of immunotherapy and so this has been another very promising regimen you know that is just scratching the Surface on so much more that's going on in the field i guess i should also highlight this year we did have lobin in the maintenance setting of first line.

(08:41):

Uh, also a positive trial should improve time of disease control. Um time of survival and and is another. Uh option for patients to discuss with their Doctors as far as. Um whether recommended for that

Mitch Jelniker (08:56):

Many Reasons to be hopeful right now. It's great to hear Dr. Sands, our patient Advocate who we're gonna hear from a little later in this podcast is really excited about three specific treatments so we'd love to hear from you on these three areas the first one she mentioned is b i t. Or bite what is bit and how does it work exactly

Dr. Jacob Sands (09:16):

So bite specifically stands for bispecific t-cell engager actually I'd like to speak more broadly and just say t-cell engagers because there's a whole class of drugs that are are grabbing the tumor cells grabbing the Immune cells and bringing them together to create that Immune response those Immune cells are the t-cells tarab is bispecific t-cell engager and that is FDA approved but this is the first of a whole class of drugs that i anticipate to be part of of our treatment algorithms as different options there are a number of trials right now looking at combinations of t-cell engagers with other drugs as well you

Diane Mulligan (09:59):

Know there's another treatment called a car t-cell treatment and I'm wondering how that Works especially in relation to what you just explained to us about bit

Dr. Jacob Sands (10:08):

Yeah a little similar but with Distinct differences so this es very exciting so cart that technology is currently part of the standard of care for multiple myeloma and some lymphoma so this is not new technology but it es certainly new to solid tumors and Lung cancer as well so essentially we hook patients up and and pull out some blood spin it down so that it separates out all the different blood types and we basically pull off those Immune cells and then give them the rest of their cells back now those Immune cells we process and those Immune cells get processed in a way that when we give them back they're able to recognize the cells that have dl three so their own Immune cells are the treatment we've processed them we then give them some chemo that kind of clears out some of their bone marrow cells so that when we give it back that new Immune system which is still their Immune system just processed to recognize this receptor that is very common on small cell Lung cancer es we give the cells back and then that's it so their own cells then are the treatment and then we monitor them so you know is still early we'll have to see how that plays out but this is a one-time treatment albeit far more in the initial kind of um collecting cells and and preparation and the treatment but but 11 giving it when it Works then that's just you know monitoring them with scans that is the treatment there's no ongoing treatments

Mitch Jelniker (11:55):

The third treatment that our patient Advocate is excited about is adc antibody drug conjugate tell us more about that

Dr. Jacob Sands (12:04):

Antibody drug conjugates are compounds are essentially three components one es the antibody meaning that it has something that finds a certain receptor and binds to it now in binding to that the cell then pulls in that Compound it internalizes it and inside the cell the linker is holding a payload or right now what is really a chemotherapy is holding that to the antibody so when that Compound is pulled into the cell that chemo is released inside the cell and essentially then kills the cell and spills out this is really represents an exciting way of delivering chemotherapy right to the tumor instead of just as as broadly when we give just Kino

Diane Mulligan (12:51):

When you describe this i just get these visuals in my head and i feel understand what the Heck you're doing which i know es really simplifying it thank you so much for the way you describe that it's fabulous i wanna ask you about clinical trials and we still a lot people out there who very suspect of clinical trials how important are they to these amazing discoveries that you're talking about what tell your patients about clinical trials and are there new clinical trials first cell that

Dr. Jacob Sands (13:27):

So this a big topic de de clinical trials people come in with all different kind expectations and beliefs of what it means to go on a trial what i commonly hear people saying no es that they come in with the belief that them enrolling to a trial es them kind giving of themselves for the future and on some level that's true but that is not my goal i mean what i tell people es look these are options for you i am entirely focused upon what is the best thing for you my hope is that this Works really well and it goes on to help a lot of other people after having helped you a lot and and you know but trials options are only as good as as the options themselves you know so a trials discussion it's a matter of well what is the trial and is that trial better for me than going on what is currently a standard of care available trial and that should

be the equation now we've talked a little bit about tarab and the t-cell engagers in general I've seen a number of patients that have done really remarkably well on these drugs prior to them ever being approved so ive seen patients that have gotten disease control for years which was not possible o just highly on what was the standard of care at that time they really benefited from getting something that's now approved before it was ever approved and so when I'm talking to patients about trials now it's saying.

(15:04):

Okay, look we've got this car t. Trial this this one-time treatment where we process your Immune cells we get them back into you and that is the treatment and and you come in for what is hopefully what i like to call high five visits where you come in scan looks good high five see you next time you know that is the goal of of that trial is for it to work that way and if it does work that way that will become an option in the future pero it is available to them today on a clinical trial the one takeaway in all of that i want people to know is that if you are going on a trial that should be entirely focused on what es the best option for you does that trial look promising enough that it looks like it's better for you to go on that than any of the currently available regimens you

Mitch Jelniker (15:57):

Mentioned some promising treatments for small cell Lung cancer but you also talked earlier about when a patient is sitting in their doctor's office and they've just learned that they have small cell Lung cancer their head is swirling what should our viewers our listeners be asking their Doctors about these new treatments well

Dr. Jacob Sands (16:15):

That's very personal individualized i guess i should say because it depends on what they're looking for i guess what I'd start with es for these individuals to try to kind of recognize what it is they believe about these treatments y you know my job in first meeting someone is often to try to get a sense of what is it that's driving them in this discussion you know many patients all often highlight many patients believe that if they get chemotherapy they're gonna be laid up in bed vomiting without hair and i say it specifically like that to just you know anything wanna be really blunt but a lot of people say well ya isn't that how it goes and you know the first line of treatment for small cell Lung cancer does cause people to lose hair but you know fifteen Twenty years ago the big advance was the anti-nausea medication and that's not to say nobody gets nausea that certainly can come up but it is far more mild than what most people expect and most people are really not vomiting and most people don't really even need some of the medication we have for naja because it's just a non-issue and so discussing starting out with.

(17:35):

Okay don't just gimme the list of possible side Effects what kind of side Effects do you expect me what i often say es when we talk about the side Effects I'll say look you what's gonna happen on my drive home you probably say don well you might did some traffic but you know you get home and if i say well what are the things that can happen on my drive home well that becomes a really long scary list now obviously there is no comparing a drive home to being treated for cancer those are two completely different things pero hopefully the analogy you know helps the viewers and often for patients it helps them to just understand. Okay when we go through this list of possible side Effects that is not to say that I'm gonna have all of those things and it's not to say that any of them are gonna be extreme necessarily these are just the possibilities like drive home what are the possibilities and what do you expect to happen what are the more likely scenarios instead of what are the whole realm of of possibilities and then you know what it ultimately comes down to is okay how what kind of benefit do you do you

anticipate and what kind of side Effects do you anticipate and what are the options that that you would be putting in front of your own family member now most oncologists are already doing that they're they're giving the options that they would give their own family members.

(19:00):

Uh, but you know sometimes patients will say. Okay, well with these you know what would you say to your mom or your dad or your uncle or something like that and ah no. I talk with patients really that um, casually indirectly as i would with my family members that is kind of a way of framing it but you know the other part of this is that a decision about treatment is sometimes very personal too in that and I'll point this out with patients and saying look i can't factor in how far you're driving to get here or the the challenge you know if the if the commute here is long enough that it's really cumbersome then I'm happy to work with someone who's closer to you in a cancer center near you where. I am kind of a peripheral member of your team. Your oncologist there can reach out to me that part of the equation you know the oncologist really cancer shouldn't Weigh in on that so much because you know it's no. Their commute so affects me and the amount that that affects them all very individual too.

Mitch Jelniker (20:05):

Dr. Jacob Sands thank you so much we appreciate your insight.

Dr. Jacob Sands (20:09):

Oh, I'm so happy that you discuss with you

Mitch Jelniker (20:12):

We're joined now by Wendy Brooks from st. Louis she is living with small cell cancer Wendy thanks for joining us today and sharing with us

Diane Mulligan (20:20):

Wendy, I'm so glad to talk to you. I wanna hear more about your journey and how you were diagnosed. Tell us your story. Oh,

Wendy Brooks (20:28):

Thank you Mitch thank you Diane for having me today and being able to share my story with you in in your audience i was actually diagnosed in well july of Twenty Twenty three and that was after i had received an annual CT Lung screening i had been very adamant about having annual lot of CT screenings since my father had Lung cancer back in Twenty thirteen so it was something that i i wanted to do and my primary care physician was very supportive of that and got me into a long screening program at my local hospital prior to the age limit that i would've qualified so i was very fortunate to begin long screenings early and i had five long screenings that were clear until the sixth one which was not and that is exactly how my Lung cancer was found

Mitch Jelniker (21:29):

Do you think the screening saved your life essentially

Wendy Brooks (21:34):

The screening did save my life without a doubt much it was something that i i was worried what happened but i you know try not to think about it and when they did tell me that i had Lung cancer they

told me it was small cell Lung cancer after my biopsy and i had no idea that there were two different types of Lung cancer and when i found out that it was small cell Lung cancer and how aggressive that cancer is if it weren't for that screening i would not be here today talking with you both

Diane Mulligan (22:08):

I think it's so interesting because you know there's so much people don't understand about Lung cancer and about small cell Lung cancer what's one thing that you think that's really important that you would like to you know tell people that you think maybe even your closest family members might not understand about your disease and what you're going through

Wendy Brooks (22:29):

I think ess really important for everybody to understand the uncertainty of this disease es something its treatable but there's not a cure and that is why it's so important that we have research in in trying to determine what's causing this and find the treatments that will work to stop it slow it down keep us living keep us enjoying life so uncertainty is the main focus that i try not to dwell on i try to stay positive and i support the research that is going to give us secure for this

Mitch Jelniker (23:14):

Yep research is key you have a very positive attitude which i think es fantastic does the research does that give you hope.

Wendy Brooks (23:23):

Oh, absolutely without a doubt when i was first diagnosed two years ago there really weren't a whole lot of treatments that were available there had been immunotherapy that had come on the Scene a few years prior pero as far as the statistics and and how well that was treating the disease there were still you know some unknowns and really not a whole lot of options so just in the last two years. There's been further treatments that are showing great results that have been approved and there's other treatments that are en development that i am very excited about for the small cell Lung cancer community

Diane Mulligan (24:03):

It is a very exciting time if you have to have Lung cancer. Ah, we always to in there when you're talking with people who are newly diagnosed what's the one thing you tell them that ahm no one ever told you

Wendy Brooks (24:18):

I know everybody said to helpful but that es so que you have to have hope and you have to not dwell in despair because new treatments are coming around every day and the research is just so promising on on what's going to be the next best thing so that's what i would tell folks don't dwell in despair always have hope because you never know when your magic bullet is gonna arrive

Mitch Jelniker (24:47):

Let's talk about the treatment options available to you for example. My understanding is you you push to be involved in the clinical trial Ana no son people don't really understand clinical trials why that important for you

Wendy Brooks (25:01):

It was so important for me to be involved in the clinical trial Mitch because that gave me the latest and greatest treatment today instead of having to wait for for formal approval it's not that you're being treated as a Guinea pig when you go into to research treatment you actually get a better standard of career you're tested more often you you're scanned more often they're really keeping a close eye on the disease and if it's not working having an opportunity to pivot to another treatment es so critical the aggressiveness of small cell Lung cancer

Diane Mulligan (25:42):

Were you surprised when you found out that you weren't at Guinea pig i think that so many people have that mis percepción that they either get treatment or they don't get treatment if they go into a clinical trial what the case especially cancer trials

Wendy Brooks (26:01):

I was not gonna go into a blinded study so i knew i was actually going to get the treatment and that's what so critical with the different clinical trials is to determine what type of trial it is is it winded where you may or may not get the drug or is it open and you know exactly what you're going to get and it may be the type of Dose that you're going to receive whether or not it starts out a low Dose or a higher Dose where they're trying to figure out what the exact doses patient the open for me because i do know that i am getting the drug

Diane Mulligan (26:40):

And you know i think it important to whatever the best treatment the standard of care is at the time of the trial the one arm always gets the one set of people always get that standard of care then the other set get the standard of care plus whatever it is that they're testing so that's really important people understand that that whole Guinea pig thing certainly when i first started this that's what i thought and i just find it fascinating that you really are on the cusp of something that's brand new and especially with small cell Lung cancer there hasn't been that much that's been brand new for that long so is a very hopeful time

Wendy Brooks (27:28):

Exactly exactly and I've been fortunate to have two different study treatments offered to me that are that brand new cutting edge treatment and it and it is done wonderfully for me. I have been able to contain the cancer in my Lung and have it not spread to other areas of my body which is huge to be able to keep this in one area. Um eventually hopefully it goes away completely but not to have that spread has been just a blessing

Mitch Jelniker (28:01):

It's helped you in being in that clinical trial of course helps others down the line for someone considering a clinical trial perhaps someone newly diagnosed watching this listening to this what is the day-to-day experience being involved in a clinical trial because i wonder if some people think. Oh my gosh i already have enough on my plate now we're adding something else what's it like

Wendy Brooks (28:24):

Well you're going to if you choose treatment you're going to get treatment standard of care and it's not much more than what the standard of care treatment burden would be certain clinical trials may have a heavier upfront burden of your time but as you as you get into the trial that burden somewhat releases and your back to your normal standard of care every three weeks of treatment. Uh, there may be more blood test upfront that you would have to provide but again at the further you get into the trial the les burden that is on the patient

Diane Mulligan (29:03):

What trials and what new treatments are you so excited about what's coming down the that you know about

Wendy Brooks (29:08):

Im very very excited about the bite Therapy en that's one Therapy that I'm currently on I'm very excited about the antibody drug conjugate therapies that they're developing that was another trial been on but that that is a chemotherapy that's targeted directly to the cancer cell not a broadcast chemotherapy that goes after every fast Growing cell so that very specific choose small cell Lung cancer and i guess the last thing that i I'm really looking forward to is the car t-cell Therapy for small cell Lung cancer and that's where they would actually somewhat bioengineer. Um the the treatment for each person they would take your DNA your own cancer data and reengineer Repair what was broken and then put that back in your body to where Fixing yourself

Mitch Jelniker (30:12):

Es s. Promising es not eligible for a specific treatment or a specific trial rather than just thrown up your hands and walking away what would you say to 'em about advocating for yourself that's important isn't

Wendy Brooks (30:29):

Yes it es you need to be your own Advocate and if you're you're told that there's nothing that we can do there's no treatment for you seek a second opinion it so important to to you know reach out to others you're oncologist they're not going to be upset you're not going to offend them if you're reaching out to seek a second opinion they may even encourage it and help facilitate that for you so don don't give up don don't despair if you're told there's nothing more we can do then that's the time to reach out and look for that second opinion because a lot of times. There is a lot more that can be done

Mitch Jelniker (31:10):

And are there specific questions you would advise people to ask their helpful in that regard

Wendy Brooks (31:16):

Yeah say what new new treatments are currently available the nearest location where i could find this information or receive this treatment and you contact me you know get me in contact with someone to further look into this

Diane Mulligan (31:36):

That's great advice really really good advice Wendy you are so positive how has this whole Journey transformed your life in your Perspective on looking at your future years

Wendy Brooks (31:51):

It's definitely smack in the face with mortality that es something that you do realize when you're given a cancer diagnosis like this that we're not gonna live Forever and and although we knew that innately we just didn't dwell on it and i still it took me a while to get back to that precancer diagnosis philosophy of not dwelling on your mortality every day because that is something that 11 you get that then you're the diagnosis then you are just oh no. How much time what is left you have to realize too we don't know the Doctors don't know and you have to live each day with Purpose and find find even just in the small little things find the joy and that's what that's what keeps me going and keeps me positive and helpful it's not gonna do me any good to worry about. Oh, my gosh, you know, today is the day that I won't be here tomorrow. That's not helpful, it's more helpful to say. Okay, today is a great day what are we going what can i get accomplished what can i do

Mitch Jelniker (33:09):

Well ya cant help but be moved by Wendy's incredible spirit her positivity really shines through and Fuels her strength to keep going

Diane Mulligan (33:17):

We are so grateful to Wendy and to Dr. Jacob Sands for their heartfelt insight and for being such powerful advocates everyone facing a Lung cancer diagnosis

Mitch Jelniker (33:30):

Thank you for joining us on hope with Answers living with Lung cancer if today's discussion resonated with you please subscribe wherever you get your podcasts to stay updated on breakthrough research and inspiring stories visit org clinical trials and connect with LCFA community on Instagram Facebook and Twitter o your story might inspire others facing similar challenges if you found value in today's episode please share it or review these small actions help more people discover potentially life-changing information together for advancing Science and empowering hope one Conversation at a time.