



## What Is SubQ? How Subcutaneous Treatment Is Changing Life With Lung Cancer

Dr. Coral Olazagasti (00:00):

You don't wanna have to spend your whole day in an infusion center. So the fact that we can cut down the, the, the infusion time from like hours or like half an hour to a few minutes, I feel like that's enormous.

Intro Voiceover (00:13):

Lung cancer is a tough topic. It's a disease that affects patients, families, friends, coworkers. But first, it's a disease that affects people.

Advances in lung cancer treatments over the last few years have made it possible to live with lung cancer for years after diagnosis.

The Hope with Answers Living with Lung Cancer Podcast brings you stories about people living, truly living with lung cancer. The researchers dedicated to finding new breakthrough treatments and others who are working to bring hope into the lung cancer experience.

Stephanie Williams (00:52):

Hello, I'm Stephanie Williams. I'm living with lung cancer and I'm part of Lung Cancer Foundation of America's Speakers Bureau. Today, to help us unpack what SubQ really means in the real world, we're joined by Dr. Karal Olazagasty, a medical oncologist with the Sylvester Comprehensive Cancer Center in Miami, Florida. Doctor, when patients hear SubQ or subcutaneous, what is it and why does it matter?

Dr. Coral Olazagasti (01:21):

Yeah, so first of all, thank you for the invitation. I'm delighted to, to be here anytime that we can really, like, try to, like, lend a hand or try to explain to patients what really thinks that we say in clinic, um, mean, I think it's an opportunity to really kind of create that education. And, and I think this is very, uh, pertinent because this is a conversation that we've been having lately in the clinic that I have personally been very excited about. So when we talk about subcutaneous, it's just simple. It means under the skin, right? It just means that a medication is going to go under your skin into your fatty tissue. So IV, it's intravenous, right? For medication to be given intravenously, you have to get, you know, a catheter placed. You need to, um, leave that catheter in place and so be able to administer dr- drug slowly of, over the periods of, like, whatever minutes or 30 minutes or even up to, like, a few hours.

(02:15):

A drug that is given subcutaneously doesn't need a catheter. You don't need that mode of administration. It just goes directly from the needle into, uh, under your skin and your fatty tissue. And that way, the drug is just as administered, uh, very, very slowly and eventually absorbed into your bloodstream.

Stephanie Williams (02:35):

I first learned about subQ injections when I was a child and I got allergy shots. Of course, I didn't have the, the words back then, but I knew it was less painful than, for example, a vaccine that goes into the muscle. It didn't leave me sore afterwards. Um, later on when I went to nursing school, I learned about subcutaneous injections for things like insulin. Um, typically, when I would get subcu injections as an adult, it was unfortunately alongside chemotherapy, but the nice thing was it didn't require them accessing my port, and I didn't have to worry about them finding a vein or worrying that, um, the medication would infiltrate once the, once the catheter was placed or the vein would blow. Um, so I was happy that it just required cleansing with an alcohol prep and then the injection. What would you say is a real world problem that SubQ is solving for cancer patients?

Dr. Coral Olazagasti (03:36):

I think so many, right? I, I think patients with cancer just live with, with so many burdens, like not only the financial toxicity, the side effect toxicity, really like the emotional burden of like carrying a disease like cancer, in this case, like lung cancer. So anything that we can do to at least mitigate some of the challenges and some of those barriers and make the experience better is something that I always, I'm, um, keen to and then really something that I wanna bring into my clinic. I think in terms of convenience, right? That's the first thing that I think about. A lot of our patients with cancer, they feel like everyone pricks and prods them, and a lot of times they don't have really good access, they have bad veins, it's painful. And so the fact that you can come into the clinic and you don't need to get an access or a catheter because, yes, some people have the port, but not everyone necessarily have them.

(04:25):

So I feel like that's the first thing that we can overlook or not even overlook that we can kind of like skip over, which is great. I think not only that, but a lot of our patients are, have families. A lot of our patients are young, and even if they're not young, they have lives, right? They have stuff to give to them. And when I bring this option for patients, I think they're always very eager to really, um, explore it. I think one of the questions is like, wait, is it too good to be true and is it just as, um, effective as IV drugs? But once that conversations are open and, and that the, those discussions are had, I think everyone has really been very excited, us included, to be able to have that option for our patients.

Stephanie Williams (05:07):

Yes. I'm so glad you mentioned cutting down on chair time. When I was post-surgery and going through chemotherapy, I was very mindful of the amount of time I was spending in a healthcare

setting just from an infection risk standpoint. So as a patient, if you could cut down the time that I have to be inside a clinic, the better for me.

Dr. Coral Olazagasti (05:29):

Totally.

Stephanie Williams (05:30):

Um, can we go back to explaining for the layperson, the key differences between SubQ and IV, you had mentioned about the catheter placement with the IV. How is SubQ a different experience?

Dr. Coral Olazagasti (05:43):

Yeah. So when you get a medication through the IV, right, you, uh, like we said, you need a catheter or you need access to your vein, right? And so that drug is usually placed in a bag and slowly dripping into your vein, in through the IV line. So it goes directly into your bloodstream, and so it's, uh, administered through like an infusion pump over a period of time, right? When a drug is injected subcutaneously, it's just like the same way that they do, um, either vaccines, but obviously it hurts, uh, a lot less like you mentioned, um, or even insulin. So it's just like the needle goes straight. It can either go in a place where you have like fatty tissue, right? So your arms or your belly or your thighs, and so they inject slowly over a few minutes, but because it's not directly into your vein, the injection can go quicker into your s- uh, fatty tissue and then ultimately it eventually is absorbed into your bloodstream.

(06:36):

And so you bypass really the need of the catheter to administer the medication because it just goes straight into your body.

Stephanie Williams (06:44):

Is it fair to say that the goal of this, this new method of administering certain medications is to keep the outcomes for patients very strong, but to make the experience a little kinder, would you say?

Dr. Coral Olazagasti (06:58):

Totally. I think I love this time of science that we're really taking into consideration patients at the forefront. We have the patient advocates that really are having their voices, patients like yourself, right? Because in the clinic from our standpoint, we can really try to like see what works for the patients and whatnot, but ultimately we're not there. We're not in the chair. So we really have to do things beyond just clinical trials and new development to really benefit and impact the quality of life of our patients. Our patients are living a long time, thank God, right? In general, they're living with cancer. This is something that we have to incorporate into their, their day-to-day. We don't want cancer to just define who they are. We just want it to be just one other issue or one other problem that they're facing throughout their life. So if we can benefit and we can minimize chair time, avoid IV access, disrupt their quality of life or their daily life a little bit

less, reduce treatment fatigue, and just give them the sense of independence that man- the independence, sorry, that many patients crave.

(08:00):

It just really brings back that sense of normalcy that, that patients really deserve. So I think it's something that I have been very excited to see how we are more and more getting this, uh, formulations in the subcutaneous and how industry and pharmaceutical companies and really the people creating these drugs are really listening to how these are beneficial and not only thinking about kind of like the pocket or the efficacy, which is yes, it, it happens, but also, again, keeping in the forefront of our minds, the, the patients and their quality of lives.

Stephanie Williams (08:33):

Yes. Um, I think what I see as a big difference for myself when I think of subQ versus IV is even before I get to the clinic, there's a less anxiety. I'm not worried if the person may struggle to find my vein for administration or if I'm going to be left with a bruise. And even the small act of walking out of a clinic without the COBAN wrap around my elbow three times that I find later when I take my sweatshirt off and that's a reminder of how my day started, it just seems like an easier and less complicated way of getting a medication.

Dr. Coral Olazagasti (09:12):

That you bring that, sorry to interrupt, but I love that you bring that because it's like some things, the small things, right? Yeah. Like as a, as a physician or an oncologist, I would never think of like how the tape would be a constant reminder, but it's true. That's like, you're just like reminded that you spend like, what, three, four hours at an infusion center. And so I think, I think those are things that, you know, the small things that really add a lot of value. So that's, that's a, that's a great thought that, that I had never actually, uh, really even thi- thought about before.

Stephanie Williams (09:42):

Those little things really do add up and can make or break how you're feeling that day about your treatment and your overall mood. Totally. Doctor, from a clinical perspective, what quality of life improvements do you consistently hear from your patients who are getting sub-Q therapy?

Dr. Coral Olazagasti (09:59):

Oh my God, so many, so many. So m- most, most of the patients come like accompanied really by family members, right? So a family member that once has to drop, um, their, their, the patient that's gonna get, um, treatment and at the, at our CTU or chemotherapy treatment unit and then have to like come back hours in the traffic to pick them up, now it's just like great because now I can wait for them. Now my h- my day is not hectic. I can prep for it. I can accompany my, my family member and then bring them back with me without having to wait that time. Like you said, a lot of our patients, especially the elderly ones that do not have really good access are worried about it. And they wonder, like, is my favorite nurse, the one that knows me, are they in?

(10:41):

Can they really, uh, uh, can you tell them please to assign me that nurse because I'm worried that I don't have good access. And so these are things that they don't really have to think about it anymore. Any nurse, um, can really administer the subcutaneous drugs without really needing to, uh, to, to find that, that hard to find vein. Um, a lot of the patients are bruised and they're like frail and they have a lot of calluses, um, or they're concerns about maybe having the, the, the, the IV and the catheter infiltrated. So really bypassing all of these, how they feel like their arms are smoother and it's like, just feels nicer. So those small things. But I think that the biggest one is really, really the chair time. Being able to, again, just go back to a little bit of, like, normalcy. Um, many of our patients drive also from very far away.

(11:27):

I, I'm currently in downtown Miami, but I have people that come from Naples, from the Keys, uh, from Fort Myers. And so not, it's not the same, having to come at the crack of dawn and go back and arrive home like 10:00 PM, 11:00 PM, or even sometimes have to rent an Airbnb to go back the next day, but do something that you're in and out within 30, 40 minutes and then you can go back home. It just matters. And so in general, I think quality of life, again, it's like the, the biggest really, um, thing that we see and the biggest benefit for, for our patients without compromising, right? Um, uh, uh, how these drugs work without compromising the, hopefully the survival aspects and then how effi- efficacious they are.

Stephanie Williams (12:09):

Yes. I think you highlighted how disruptive it can be to have to go and spend hours at a clinic for a whole family unit for arranging childcare or asking a caregiver or a neighbor or a friend to transport you to a clinic, hang around for hours and to bring you home whenever you may be finished. Right. Um, if a patient is interested in subcutaneous treatment or wants to know if that's available, what questions should they be asking their doctor about SubQ as an option?

Dr. Coral Olazagasti (12:40):

Yeah. I always encourage the patients to ask questions. Like no, there's no, no bad questions or not, not, no questions that we feel offended or that, that we think are like dumb, you know? A- a lot of times patients are, um, apprehensive, right? They, they don't wanna like, for some reason, especially the, the older ones, we work with a lot of like Hispanics, so they don't wanna feel like they're offending their doctors if they ask too many questions or if they feel like they're, uh, by asking questions, it, it feels that they're not trusting them, but I always encourage just ask the questions. We can have a discussion. We're a team and it's just a two-way street. So if it's something that, that you are currently getting treatment for cancer and you're interested in knowing asking, uh, Doctor, is there any way that the drug that I'm receiving, do you have the equivalent in the subcutaneous form?

(13:27):

Or if you don't have it, is it something that's in the pipeline, something that you think is gonna come, uh, about or if at some point during my, the course of my treatment, that drug becomes available, am I a candidate or am I, uh, am, are we able to switch to that subcutaneous form? I think it's really important to stay informed, to really ask questions, to stay engaged. And so we encourage all these conversations. Even if it's like an immunotherapy that you've been on that

immunotherapy for years and now we have a lot of the equivalent, um, uh, subcutaneous options, ask about it. We're happy to make that change. Sometimes, you know, we're able to bring it up to you, but if we forget, it's always something good that, that, that, for you to just ask us questions and we'll be happy to, to, to answer those questions.

Stephanie Williams (14:13):

As a lung cancer patient, when I meet someone who is early in their treatment or newly diagnosed, I usually have the same three points. I always encourage biomarker testing for their cancer. I encourage them to seek a second opinion with a doctor highly experienced in treating that kind of cancer and to find a support group. And when I think about that, those are all things I've done that have helped me feel that I have more control over my treatment and this disease as a whole. Do you think having this SubQ option is a way of giving patients more control?

Dr. Coral Olazagasti (14:48):

I think absolutely. And, and I think you hit the, the nail on the head with those three things and I think sub- having this subcutaneous option definitely is kinda like empowers them. I think anytime, like anytime that you can have options, it feels like you're gaining back kinda like your power, right? Even if it's sometimes in the past, we only used to have made maybe one option for this X type of lung cancer, which was only chemotherapy, or even with EGFR, the standard of care treatment that used to be, uh, osimertinib. Now, having so many different options for the same disease is always something that we bring back to the patients and they feel like, "Oh, okay. So I have options." And so I think incorporating the subcutaneous version into this conversation is absolutely true. Definitely having options, I always say it's a good problem to have.

(15:34):

It might make it a little bit harder on your oncologist, but we're not here to make it easy for ourselves. We're here to make it easy for our patients. So I think regaining that power, being able to choose which one is better for your, uh, particular self and for, in your opinion, I think it's, it's something that always is, is kinda like just regain the, the confidence and, and then, um, the power and the disease, which, you know, unfortunately, we don't always get to have.

Stephanie Williams (16:02):

Yes. Well, we've talked a lot about SubQ, but are there any other questions that I should have asked you about subcutaneous treatment that maybe I haven't?

Dr. Coral Olazagasti (16:12):

No, I think, I think we've covered it all. I think the important thing is to, if you have any questions or if you have any concerns, I think sometimes patients, again, are a little bit worried if it's too good to be true, or if the efficacy is the same, or how come, uh, um, you're offering this now and not in the beginning, so it's okay to, like, raise those questions. It's okay to have that those, this, those discussions in the beginning if you're apprehensive and then just sit down with your team and just ask the questions, go over the data and, and really like any concerns that you may have, we're happy to always support you through it. Um, it's not, I don't think it's, it's, it's a,

it's a one conversation that needs to be had. Some people, um, even though they're the minority, they're like, "No, you know what?"

(16:54):

I'm already used to, uh, what I'm used to. I know what works. I, I tolerate it okay. I don't, I don't need to change." And that's okay. Like, this is something that, again, it's just another option for you to have on the table, but I think it's, it's just important and I'm just excited to see what the future holds and what other medications are going to start also getting, uh, converted or available in the subcutaneous form.

Stephanie Williams (17:15):

Oh, me too. Dr. Olo Sagasti, thank you so much for joining LCFA's Hope with Answers podcast. I

Dr. Coral Olazagasti (17:22):

Appreciate you having me. Have a great day.

Stephanie Williams (17:24):

Thank you. And as always, to learn more about lung cancer, please visit [lcfamerica.org](http://lcfamerica.org).

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