SubQ: A Simpler, Less Disruptive Path to Lung Cancer Treatment Transcript

Stephanie Williams (00:00):

When they said, "We have one more medication for you, " I was like, "Oh, here we go. Just pour it right on top, doc." But when they said it's SubQ, I was kind of like, "Oh, well that's going to be easy." And it didn't feel like another punch that I had to withstand when I heard that I was getting something SubQ.

James Hiter (00:19):

Living with lung cancer, ask me anything. Real conversations with people living with lung cancer learn from their personal journeys and expert insights. Subscribe now and never miss an episode. Welcome to Living with Lung Cancer Ask Me Anything. I'm James Hiter and I'm living with lung cancer and joining me today is Stephanie Williams. She is also an advocate with Lung Cancer Foundation of America, part of our speakers bureau. And today we're going to be talking about SubQ or subcutaneous delivery of medicine. It's kind of a new thing for lung cancer treatment and I'm excited to talk to her about it. So Stephanie, I've had the pleasure of getting to know you over the years and getting to know your family, but I want the audience to also get to know you. Can you share a little bit about yourself and your lung cancer story?

Stephanie Williams (01:12):

Sure. Thanks, James. I was minding my own business as I like to say as a mom to a kindergartner. It was summertime. We were getting ready to start my daughter in kindergarten. I was 37 years old, but something else that was going on at that time is I'd had this cough. It was persistent. It was mild. It didn't motivate me to run and seek medical attention because it was just kind of in the background. Fortunately, I'd had a doctor's appointment on my schedule from the year before and at that appointment I brought up this cough. We spent a few minutes deciding whether maybe this could be allergies or could it be acid reflux, which both would call for trying a medication and seeing if the cough goes away. Since we were still so close to the pandemic, it was 2021 and this time I asked for a chest x-ray just to see if there was anything going on in my lungs that might surprise us.

(02:12):

And boy, were we surprised when that chest x-ray revealed a mass in my right lung. Fast forward through lots more scans, lots more testing. I ended up being diagnosed with stage two non-small cell lung cancer. My cancer has a biomarker called ALK and after some surgery, some chemotherapy and now targeted therapy, I'm here today advocating.

James Hiter (02:36):

That's fantastic. Well, I'm so appreciative that you're using your voice the way that you are and it's, like I said, been a pleasure getting to know you and your family.

Stephanie Williams (02:43):

Thank you.

James Hiter (02:44):

So when you think back, is there something that you wish people really understood about lung cancer and who it affects?

Stephanie Williams (02:52):

Yes. In fact, there's something I wish I understood about lung cancer back in 2021 and it's that regardless of a smoking history, regardless of age, you can still get lung cancer if you have a set of lungs, meaning we're all technically at risk. It wasn't something I had considered or I thought could be a reality of mine. Now being in the lung cancer community for a while, I understand just how often people that are my age, people with no family history, none of your traditional risk factors that you think of when someone says lung cancer, none of those have to apply and it could still happen. I could go on because now that I've been in the game for a while, I know the importance of biomarker testing, of second opinions, of finding a support group, all things that have made a huge difference for me.

James Hiter (03:45):

Absolutely. So when you were first diagnosed, when you think back to that, were your biggest fears about the diagnosis or did you also have some fear about the treatment?

Stephanie Williams (03:56):

Well, initially the fear was the diagnosis. I think the universal thought when you hear cancer is, "Am I going to die? Is this going to kill me? Is this going to take me away from my children, my family?" So once I had to sort of just do the next right thing and put one foot in front of the other and face the treatment options in front of me, I did worry a lot about getting through a major operation like a lobectomy and going through chemotherapy, which we know from movies and TV shows can be the hardest thing, let alone knowing someone personally maybe who's been through it. So I was nervous about all treatments and the side effects that might come along with them.

James Hiter (04:40):

Yeah. It's a lot to digest, especially all at the very beginning. I think back to myself and the same deal. The treatments themselves are kind of a secondary concern to that initial shock of the diagnosis, but then as you digest it more, you realize, wait a minute, we're about to start on something even bigger.

Stephanie Williams (05:02):

Yes.

James Hiter (05:03):

So let's shift gears to the concept of SubQ. So what was your initial reaction to hearing about subcutaneous delivery of medicine?

Stephanie Williams (05:16):

Well, that was one thing that I had a heads up on well before my lung cancer journey. I had worked as an RN prior to having my daughter and I would often give subQ injections. Insulin, for example, is often given subQ, things like allergy shots. If you've ever been hospitalized and had to have blood thinners during your hospitalization, it may have been given subcu in your abdominal fat or the part of your belly you can kind of pinch or the back of your arm where you can get a little pinch there. So I was familiar enough to know that subQ treatment usually means it's going to be a little more painless because the needle is smaller. It's not going to take very long. So after my chemotherapy treatments, there was always a subQ medication that I needed. And on that first treatment day after all of my infusions and getting all that fluid all day long till my eyes felt like they were swimming in their sockets, when they said, "We have one more medication for you, " I was like, "Oh, here we go.

(06:19):

Just pour it right on top, doc." But when they said it's SubQ, I was kind of like, "Oh, well that's going to be easy." And it didn't feel like another punch that I had to withstand when I heard that I was getting something Subq.

James Hiter (06:35):

So when you think about the impact that this has had for people that we know that are now getting SubQ, what is that SubQ treatment actually like when it's as opposed to let's say an IV treatment?

Stephanie Williams (06:53):

Yes. I would say compared to IV, it's very non-disruptive, meaning you don't have to prepare for it by looking for a vein figuring out which arm you're going to use or accessing a port if you have a port. SubQ is quick. It's cleaning off the area with an alcohol prep and giving an injection. Sometimes the one I had was actually on a patient delivery device, I call it. It was like a little pod that stuck right to my belly and after a certain number of hours went by after chemo, it would automatically give me that SubQ medication. So there's a couple different ways to get it, but in the most basic sense it's given just under the skin and the recovery is just slapping a bandaid on.

James Hiter (07:44):

When we think about the difference between how we traditionally received chemo or cancer medications versus the SubQ delivery, can you talk to that a little bit?

Stephanie Williams (07:56):

Yes. I think most of us, when we think of getting cancer treatment, we think of a day spent in an infusion chair perhaps. SubQ is, like I said, very non-disruptive. So it almost doesn't call for a whole lot of consideration in my opinion when a medication is offered in this way. It's shorter like I'd mentioned and it doesn't cause a whole lot of anxiety compared to venous access or having to worry about a vein blowing or rolling or needing to access a central line.

James Hiter (08:34):

Yeah. When I was having my treatment, I was the stubborn guy who, even though I was having treatment for two and a half years, every 21 days of chemo and immunotherapy, I refused to get a port. Yeah. There were times when I thought I was just being way too stubborn but didn't do it. And I think about how much, especially if you're only having the drug that's being delivered this way as opposed to a

combination therapy, how much faster the whole process could be and how much of a time savings ultimately that would be. Yes.

Stephanie Williams (09:07):

And saving time is important because when you are receiving cancer treatment, it's important to not get sick and not further complicate what's already going on. And anytime you can cut from sitting in a clinical setting is a good thing because it's opening you up to fewer hospital acquired infections or just crowds and waiting rooms and that sort of thing.

James Hiter (09:32):

Sure. Now a lot of people hear the term faster or more efficient. What can we talk about as it relates to effectiveness and how is it any different with subcutaneous?

Stephanie Williams (09:45):

When a medication is offered in two different forms, both forms have been completely vetted and tried out and made sure that they're going to give you the benefit of the drug. So it's not something that I tend to concern myself with because I know on the back end the science has been taken care of. You can get into the nitty gritty about SubQ. I think there's some formulation where they'll make that tissue temporarily more permeable so the drug is able to get in there and get into your circulatory system without having to root around for a vein. And I think it's great that that's been figured out and I don't have to worry about

James Hiter (10:31):

It. Every week on the Living With Lung Cancer Ask Me Anything podcast, we explore the questions that matter most to people living with lung cancer. We talk about new treatments, everyday challenges, breakthroughs in research, and the stories of patients and caregivers finding strength and hope. If you want these insights delivered straight to you, subscribe on any podcast platform or go to lcfamerica.org. And if you know someone who could benefit from understanding and encouragement, share the show with them and don't forget to subscribe. Now, let's get back to our conversation. So for people who are going through treatment now and have to sit in that infusion chair for all of their drugs, can you speak a little bit about how you feel like this would really affect their day-to-day or 21 day to 21, whatever the tempo is for their drug delivery?

Stephanie Williams (11:27):

I keep coming back to that concept of not being bothered and not being disruptive. And sometimes it's hard to remember all the benefits because the benefit really is that you're taking away hassle and you're taking away anxiety. So I think something that I would look forward to if a drug had traditionally been given IV, for example, and now I have an option of getting it SubQ, I would think this is going to give me time back. It's going to give me less of an uncomfortable experience than IV and that time back could be spent exploring resources, finding a support group, spending time with my family and just enjoying the moments and pretending some of the big scary stuff in my life isn't front and center right now.

James Hiter (12:15):

Absolutely. So let's shift back to just talking a little bit about if a person has interest, has heard this and maybe they haven't talked to their doctor yet, how would you approach bringing this up with the doctor or what would you do with that?

Stephanie Williams (12:32):

I would ask the doctor if there is another way of receiving the same medication. There's plenty of things out there that had been given in on method and now they're available maybe orally or even transdermally through like a patch or something. So we've seen this across medicine in a lot of different forms. So I think it's always worthwhile to say, "Hey, I see that you want me to take X, Y, Z. Does that have to be IV? Does that have to be oral?" There's so many different ways now of getting medication and that might be enough to make the doctor stop and think, "Well, wait a minute, let's look into this. " And sure enough, some of the things may be available in an easier, less disruptive method.

James Hiter (13:14):

Yeah. Oh, that's a great point. I really hadn't thought about going back to when some of the folks that might be listening to this or others were first diagnosed, IV was the only method of lung cancer treatment. I mean, there was really nothing orally available until not so long ago, and now this SubQ becomes yet another kind of device, something in the arsenal of fighting cancer. So that's fantastic. So when somebody's first diagnosed and maybe they're feeling just a little overwhelmed, what would your message to them be?

Stephanie Williams (13:55):

I would say sometimes when someone's first diagnosed, don't panic, even though I know that won't change the panic in most people. I was fortunate when I was diagnosed it didn't take me long to connect with another patient advocate and that made a big difference because she was the one who told me what biomarker testing is, which is something that if you look at the tumor and the doctors can find a specific genetic mutation or biomarker that can open you up to some of these options like SubQ therapy, like oral therapy that we might not know about unless we really take a look at those biomarkers. Another thing would be to consider a second opinion. I like to tell newly diagnosed patients, once they do the biomarker testing, find a doctor who's highly experienced in treating your specific type of cancer, and connect with the patient support group.

(14:50):

Some are biomarker specific, some are just lung cancer specific, but it can really make a difference. And finding those resources or just having someone to talk to that's been through it, that's walked this road and you don't have to explain everything so much as if they're laypeople, it's really valuable to me.

James Hiter (15:08):

That's fantastic advice and also so important. It's such a hard, that time, that transition time from when you're first diagnosed until you're really in the groove of treatment is to say it's life changing is kind of an obvious thing to say, but it is life altering, life changing and so can be so challenging, but connecting to folks that have been through it, listening to things like this, because that's my hope is that people would hear things like this and have some sense of hope, but also a little sense of direction. I say often that we should all become students of the disease to some extent, whatever that means for you, but learning whatever you can learn about your specific version of lung cancer and so your advice is spot on. If you could explain or describe SubQ in three words, let's say, what would that be?

Stephanie Williams (16:06):

In three words, I would say simple. Can I use a two word phrase?

James Hiter (16:14):

Sure.

Stephanie Williams (16:14):

New because I think people may not have heard the word SubQ or subcutaneous before. It's kind of a mouthful, but if they could know that subQ medication administration has been around for a really long time, it's just that now some medications that historically were given other ways are available in the SubQ form. So simple, not new and hopeful because this signals to me that the industry is looking at ways to make the patient experience better, to get these medications without having it be so hard on our systems and our families and our coordination of all of our cares and treatments.

James Hiter (16:55):

Stephanie, thanks so much for joining us today. I have learned so much from you over the years, but especially today about SubQ, thanks also for just sharing your lived experience with lung cancer. If you have more questions about subcutaneous delivery or anything related to lung cancer, I encourage you to check out lcfamerica.org. It's a wealth of information. I think you'll find it really helpful and thanks again for joining us today. Thanks for watching and listening. Your support helps these stories reach more people. Never miss an episode by subscribing to the channel.