Beyond the Basics: How SCLC Clinical Trials are Changing the Long-Term Outlook

Dr. Ashish Saxena (00:00):

I have patients living so much longer and not only just being alive, but completely fine and just living their lives and coming in and getting their treatments every so often, but otherwise everything else is the same.

Intro Voiceover (00:13):

Living with lung cancer looks different for everyone, but no one should go through it without answers. This is Hope with Answers, where patients lead and experts help guide the way.

Wendy Brooks (00:24):

Hi, I'm Wendy Brooks and I'm living with small cell lung cancer. Today we're talking about the latest advances in small cell lung cancer treatments with Dr. Ashish Saxena, a medical oncologist at Weill Cornell Medicine. So Doctor, when I was first diagnosed with small cell lung cancer, I felt very scared. What do you want patients like me to understand about this disease and about the treatment journey?

Dr. Ashish Saxena (00:53):

Sure. I mean, I think it's very normal and common to feel scared when you first get such a big diagnosis like this. I think it's important to know that you have a lot of support behind you and a lot of people working to help treat you and get you feeling better. It can be a long journey, but there is a lot of hope along the way. You're likely going to be changing treatments during the process, but that's normal. That's how this journey is. And right now there are a lot of new treatments available everywhere and also with clinical trials available at certain sites or certain locations, but there's a lot going on. There's kind of been this really big explosion of new treatments for small cell lung cancer, which is really exciting.

Wendy Brooks (01:40):

Yes. And I'd like to get into that with you. I know that the biggest fear was how this progresses so fast, and that's just frightening. Can you talk about those advances in the treatment that is giving patients more hope today and even more than what we had back when I was diagnosed three years ago?

Dr. Ashish Saxena (02:01):

Sure. Yeah. I mean, it's true that small cell lung cancer can move fast. One good thing about it though is that it's initially very sensitive to the chemotherapies and radiation we have. So we're usually able to get some treatment started and control of the disease relatively quickly. But now there are also more treatments that we have, immunotherapies and other types of drugs and studies that can help kind of prolong that control of the disease and eradicate more cancer cells. And that's something that hasn't, as you mentioned, been around for that long. And we have a lot of clinical trials evaluating new drugs that can do the same thing and kind of help maintain the control of disease that you initially can get with things like radiation and chemotherapy.

Wendy Brooks (02:50):

Absolutely. And we do hear so much about immunotherapy now with small cell lung cancer. And how has that been changing the treatment of this disease?

Dr. Ashish Saxena (03:02):

Sure. So actually right now, immunotherapy in some form is the standard treatment for this disease or is part of the standard treatment of this disease. Typically, we use something called checkpoint inhibitors, which are antibodies that help your immune system better attack and fight the cancer and not be inhibited by the cancer. So that's part of standard treatment for both earlier and later stages of disease. In addition, some newer immunotherapies, things like bispecific T-cell engagers, which help bring the immune cells to the cancer and engage the immune cells with the cancer are now part of standard therapy and they're making their way up to being sort of more upfront treatments hopefully in the near future. And then there's also other types of drugs like small molecule inhibitors. And we may be getting hopefully to the point where we may be having certain targeted therapies. So certain subtypes of small cell lung cancer, there may be drugs specifically for them too.

(03:58):

And these are all in clinical studies, but progressing very rapidly.

Wendy Brooks (04:03):

Yeah. And that is just so exciting for someone like me. And you mentioned these clinical trials. A lot of times that sounds scary to a patient, a study therapy. How do you explain them to your patients that help them see it as an option and not a last resort?

Dr. Ashish Saxena (04:24):

Sure. So one thing I kind of tell patients is that what we call standard therapies today for the most part started out as a clinical trial. That's how we make our progress by doing these studies. And enrolling in a clinical study, you have the opportunity of getting a future treatment tomorrow's treatment right now. And so you may get a study treatment that later becomes what everybody gets and you have the opportunity to get it earlier. There's also different types of clinical trials. They can go in different phases, phase one and two and three. But for the most part, most of the time when you're getting a clinical trial, the drug has probably already been given to a bunch of people beforehand. And so it's not that you're rarely ever sort of the first person or first couple of people that have gotten the drug.

(05:09):

Other people have gotten it and it's shown enough promise to warrant continuing studying it. So it's not something that's sort of just a role of the dice or we have no idea. It's most of the time been studied before and we'd have a sense of side effects or how well it's working. And we think it's working well enough that it's worth putting more people on the studies. Sometimes these clinical trials are with standard therapies. So you may be getting a standard therapy plus something new, which is also something that's very common, especially in earlier lines of therapy. So it's definitely not a last resort.

Wendy Brooks (05:43):

Exactly. And you're going to at least get the standard of care when you're in a clinical trial. And what I've found in my experience being in clinical trials is I actually get better than the standard of care. I received more frequent testing. I actually see my oncologist more often. My scans are more frequent. My blood tests are more frequent. And that gives me a sense of security, knowing that we're keeping such a good track of what the cancer is doing and that it's not spreading. So that's one thing that I've learned

Dr. Ashish Saxena (06:21):

Being

Wendy Brooks (06:22):

A clinical trial participant. Yeah,

Dr. Ashish Saxena (06:24):

That's an excellent point. On a clinical trial, you are sort of watched very closely. You're asked all the time about how you're feeling and what's going on. And as you mentioned, you get a lot of blood tests, scans in a very regimented way. So you are very closely monitored on a clinical study, which definitely can be a benefit.

Wendy Brooks (06:44):

Absolutely. And I want to dive into it just a little bit deeper with you. Why is it really important that a patient starts exploring or asking about clinical trials before starting any treatment? And what should patients or families say if they want to make sure that they're not missing an opportunity to qualify for a trial?

Dr. Ashish Saxena (07:07):

Sure. So I think asking about a clinical trial at your first visit is important because there are some studies that are part of initial therapy where if you start a therapy, you then no longer qualify to go onto the trial. And so asking upfront with your doctor, "Are there any clinical trials available here? Or do you know of any sort of the area that I might be eligible for that I could possibly be a part of? " Is important to do early on, just again, so you don't miss on a study that once you start therapy, they even say, "Oh, well, you could have been on that study, but you already started and now you don't qualify because you have to get on the study at the beginning with the first part of treatment." And those, as you mentioned, are often things that are part of the standard of care adding on another thing or are adding a new drug that we think might work better than the standard of care alone.

Wendy Brooks (07:57):

Absolutely. That is such a good point. If you can get into it off the bat and not have a treatment that excludes you, you're better off. You have more options available to you. As a newly diagnosed patient, what are the most important questions that I should be asking my doctor right now?

Dr. Ashish Saxena (08:19):

I think asking about what the standard treatment is and how it's given, how frequently you have to get it, what is it about, how does it work, and also what are the side effects of that treatment? And then asking about what trials like we mentioned are available. You can ask about ... They may be something available now, or they may be something that, "Listen, this is the standard treatment. I have something in mind for you afterwards," but knowing ahead of time that, "Hey, we do have clinical trials available upfront, so we need to get you on right now." Or even if it's down the line, we have something. So if there's a problem with what we're giving you, we're going to have planned that you may go on this trial later. So asking what those are and also where they might be available, both where you are right now or maybe somewhere in the area are good important questions to ask.

Wendy Brooks (09:11):

Absolutely. So here's a question that comes up in the community quite often. We hear a lot about biomarker testing in lung cancer, and does that apply to small cell lung cancer too? And should I be asking about this specific testing?

Dr. Ashish Saxena (09:29):

Sure. So for biomarker testing, it's extremely important. It's critical for a lot of the non-small cell lung cancers. At present in small cell lung cancer, it's much less important. Our therapies are, as of right now, standardly not always guided by biomarker testing, but we're hoping to change that. So it's always good to possibly get biomarker testing. It may be something that in the future either may make you eligible for a clinical study or help us learn more about the disease so that in the future we can focus more towards biomarker testing. We would love non-small cell lung cancer for small cell to say, "Oh, you have this biomarker, hence this drug will work better for you than the other drug." So that's where we're getting with all these clinical trials. So again, you may need to get biomarker testing as part of a study.

(10:19):

It's not generally necessary for sort of the standard treatment as of today, but again, that can change very quickly.

Wendy Brooks (10:25):

And is the biomarker interchangeable with ... If we hear a lot of times that they will stain our tumor for a particular expression and small cell, is that the same or is that completely different?

Dr. Ashish Saxena (10:40):

So we often will have to stain the tumor once to help identify it as a small cell lung cancer. So the staining to say that yes, you have lung cancer is a proper staining. Some of the other types of staining looking for specific proteins or things on the cancer cell are, again, less important in small cell lung cancer, but that's how we kind of learn more about the small cell lung cancer, what it's expressing, what's there, and that may help us in the future target it with newer drugs as part of clinical trials.

Wendy Brooks (11:12):

Fantastic. Well, let's talk about treatment a little bit. It can be really hard physically and emotionally for a patient. What advice do you have to give patients like me about managing the side effects and protecting my quality of life during treatment?

Dr. Ashish Saxena (11:31):

Sure. I think an important thing is to realize that there is really a team of healthcare professionals that can help you with those things. Your oncologist, the doctor is there to help try to quarterback this, but to definitely take advantage of other groups like the palliative care or supportive care services for things like pain control, nutritionists can help you. Staying active is important. So maybe physical therapy at home or going to a physical therapy center to get training and exercise done. Those are all important in helping to fight side effects and maintaining a quality of life. So asking about those sorts of things that the doctor can recommend or refer you to is important and letting the doctor know what you're experiencing so that we can actually say that, "Hey, I can help you with this. There's a medication I can give you for this side effect or I can lower the dose or I can make adjustments to things sometimes to help with the side effects or I'm going to send you to Dr. So- and-so or to my nutritionist who can help you because you've lost your taste sensation and maybe there's certain foods that might be better for you in that setting."

Wendy Brooks (12:40):

Exactly. I mean, I can't stress that enough that it's so important that you communicate these side effects with your doctor because there are oftentimes relief, whether it's medication or exercise or nutrition that can help you get through those side effects. And sometimes patients, they're just afraid that they're complaining to their doctor when they bring up the side effects or anything. How often is it important for us to be honest with our doctors? Let them know how we're feeling, even though it might seem like a very small thing.

Dr. Ashish Saxena (13:26):

Yeah. I mean, there's no reason to be afraid to tell the doctor how you're feeling. It's very important because otherwise we don't know. We know we're giving treatments with side effects and that can have a lot of impact. And so we're kind of almost expecting you to say, "I'm having this problem." So it's never sort of like, "Oh, why is this person complaining?" It's like, "Okay, I can understand because we're trained to know that we're going to give these drugs and they can have these side effects." But unless we know which one out of the many side effects could be that you are experiencing, then only will we know what to do about it and how to help with it. So there's no reason to feel like you're complaining or that you shouldn't bring it up or that it's going to change what the doctor does.

(14:08):

Sometimes patients think that if they complain, the doctor will say, "Well, then forget it, you're not going to get this treatment anymore." And that's generally not the case. It usually means that, oh, we'll modify the treatment or I'll help you in some other way to compact the side effects so that you can still maintain the same treatment, but it's very important to let us know so we can make the right decisions.

Wendy Brooks (14:28):

Absolutely. And I know in this space over the last few years, there's been some incredible breakthroughs with treatment that are giving us patients more hope. Looking ahead, what do you see as new therapies or research developments that have you most excited about the care for small cell lung cancer patients? Yeah,

Dr. Ashish Saxena (14:55):

I think some of the newer immunotherapies, like we talked about, the bispecific T-cell engagers, they've really changed things. Even just in the short time that they've been around, I have patients living so much longer and not only just being alive, but completely fine and just living their lives and coming in and getting their treatments every so often, but otherwise everything else is the same. I think that's really changed things. So research sort of moving that further up so more patients get the opportunity to get those therapies, newer types of those therapies, and then also newer types of targeted therapies or antibody therapies like there are medications that target both the immune system with things like PD-1 or PD-L1, which are our standard checkpoint inhibitors, but also anti-angiogenic targets like with VEGF and bispecific antibodies in that space. There are also small molecule inhibitors that are coming out.

(15:50):

And as we mentioned, we're trying to target specific subtypes of small cell lung cancer, which we haven't before, but we're learning more about it. And so we can find ways to target a specific type of small cell that a patient may have with just the right drug that will be most effective for them and hopefully have the least side effects for them.

Wendy Brooks (16:07):

Exactly. I'm really excited about that too, Doctor. I've been reading a lot about the matching, the studies that are coming through to match the treatment with the subtype that you have. So I am super excited because obviously that's going to be more effective and give patients some more progression-free survival and quality of life, which is huge. For somebody that's listening right now who may feel scared or hopeless after diagnosis, what do you want them to hear the most?

Dr. Ashish Saxena (16:44):

Yeah, I definitely want them to remain hopeful. We've come a really long way and actually not that long a period of time in the treatment for small cell lung cancer. And we're constantly still innovating and learning. So it's kind of a train that's going in the right direction really fast with a lot of new information and studies and drugs coming up. There's really an explosion of promising new treatments, but also understanding that a lot of these are as part of clinical trials. So kind of thinking that way that treatment can involve clinical trials and in a lot of ways should involve clinical trials, especially for small cell lung cancer at this time where we're having a lot of breakthroughs in both understanding it and understanding how to treat it.

Wendy Brooks (17:32):

Exactly. And I cannot say that enough to have the clinical trials available to us at this time. Again, you're not a guinea pig. It is a lifeline and we are getting that science of tomorrow into our bodies today. So I second that sentiment, doctor. And I do want to thank you for your time today. I think this has been really beneficial for folks, especially those who are newly diagnosed to understand that there is hope available and there's more things to come, so thank you very much.

Dr. Ashish Saxena (18:17):

Thank you.

Wendy Brooks (18:18):

And as always, to get more information, please visit lcfamerica.org.