Transcript: A Deeper Dive Into Small Cell Lung Cancer Advances

Dr. Jacob Sands (00:00):

As an oncologist treating people with small cell lung cancer, this is a different experience now than in the decades prior.

Voiceover (00:08):

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.

Maida Mangiameli (00:23):

My name is Maida Mangiameli. I am now a proud eight-year survivor of extensive stage small cell lung cancer. I have also become an outspoken advocate because spreading awareness of lung cancer and lung cancer screening is so important. For years, progress in treating my type of lung cancer was almost non-existent. But finally, we are now seeing new treatments being developed. I'm joined today by Dr. Jacob Sands, a thoracic oncologist who's one of the heroes in our small cell lung cancer world. Before we get started, Doctor, can you tell us a little about yourself?

Dr. Jacob Sands (01:01):

Well, first of all, Maida, that's a, that's a big statement to say one of the heroes in your world. Uh, I, I feel so fortunate that I get to work with so many people and try to pitch in to help, frankly. But my name is Jacob Sands. I'm a thoracic or a lung medical oncologist. I specialize in treating lung cancer and I do research in non-small cell lung cancer and small cell lung cancer, but I'm the associate chief of the thoracic oncology group at Dana-Farber, where I lead our clinical and clinical research program in small cell lung cancer.

Maida Mangiameli (01:31):

Small cell lung cancer has had far fewer breakthroughs than other cancers. In fact, when I was first diagnosed, there wasn't even a specific chemotherapy for us. They used. My doctor used chemo that had been developed for non-small cell and other cancers. Why do you think we're seeing such a great change now?

Dr. Jacob Sands (01:52):

Small cell lung cancer, we have more treatment right now that is promising in clinical trials, that's showing impressive benefits in clinical trials. We have more of that than the culmination of everything to this point. So all the studies that have been done up to this point and, and the drugs that are now available and FDA approved, we have even more of that, uh, even more than that currently in trials. And that raises the point, actually, that the clinical trials are not just a way of helping people in the future. I think for anyone with small cell lung cancer, right now, it's important to be, uh, evaluated and get a

consultation with someone at an academic center that has multiple trials. Because the question is, are there drugs in clinical trials right now that might be a better option for me than the current standard of care?

(02:44):

And, and the field is moving that fast. So there's a lot happening right now. Now, the, the, the big question is why? Why have we suddenly had such a breakthrough in this? And I think there are various reasons, but the science is moving faster and faster. As we have advanced scientifically and technologically, we're able to do science even faster than we could before. And it's at a pace that is really unimaginable from 20 years ago, what's happening now.

Maida Mangiameli (03:14):

One of the first things that excited me was the onslaught of immunotherapies. Because when I was diagnosed and treated, those had not even been approved for people with small cell. Um, I have a friend who has small cell lung cancer, started out limited stage, and truly believes that the reason she's chose no evidence of disease is because her immune system was so strong, because she never even had. I don't think she had chemotherapy. I think she only had radiation that she's doing great. Which leads me to my next question. Um, can you explain clearly for people the differences in staging for small cell lung cancer?

Dr. Jacob Sands (03:57):

Although I don't know the specifics of your friend. And, and if someone's getting radiation, overwhelmingly, very commonly, they'd get chemotherapy with that. Uh, and then immunotherapy after that. But that's important to our staging discussion too. So staging is. There is stage one, two, three, four like other cancers, but we often talk about small cell lung cancer as limited stage and extensive stage. Now that being said, the caveat is with stage one, which is generally just a nodule, no lymph nodes involved, a nodule in the lung, um, that's not, not a large one, uh, that, that. The, the treatment of that can be surgery. And then after surgery, we typically remem - recommend chemotherapy. In patients who have surgery for a stage one small cell lung cancer, then gets chemotherapy plus immunotherapy. Everyone in the trial gets chemo plus immuno. Now, most people though with limited stage don't just have a lung nodule.

(04:58):

They have something more. And the question becomes, does the disease fit in a radiation field, in one radiation field, uh, safely? And if it does, then that's limited stage, essentially. Limited stage, we can treat with a goal of cure. Chemo and radiation together, followed by two years of immunotherapy. And what we've seen is that the immunotherapy increased the long-term disease control, improved the survival.

Maida Mangiameli (05:30):

Small cell lung cancer is notoriously fast-moving, and still is considered much more difficult to treat than non-small cell lung cancer. Do we need more detection methods besides screening and biopsies? Or do you feel that, that the way things, this is handled now is sufficient?

Dr. Jacob Sands (05:53):

Well, until everyone is diagnosed at stage one and cured more simply, then yes, we need better. And so even in non-small cell lung cancer, that doesn't grow as rapidly, where once people get past that first scan, that the very first lung screening scan they get in the following years, if people get a non-small cell lung cancer, the ma - the vast majority of those are stage one where they get surgery and that's it. In small cell lung cancer, you're right, small cell lung cancer grows more rapidly. And so with lung screening, we don't catch as many in stage one because it's grown more rapidly. But we do get the majority in limited stage where we can still treat with a goal of cure. At

Maida Mangiameli (06:42):

The time I was diagnosed, I never had heard of a clinical trial for people with small cell lung cancer. Can you illuminate the importance of clinical trials? Yeah,

Dr. Jacob Sands (06:52):

I'll take this moment to just dispel some common misconceptions that I, that, that I see patients come in with and saying, I think there's, there's an idea out there that, oh, if you're, if you're doing trials, then there's no other treatment options, and that's not the case. We have clinical trials that are in the first line, meaning people have not gotten any treatment yet. And, um, we have a clinical trial where they would get, um, the current standard of care plus another drug, or in some ways, a drug that has shown so much promise and so much benefit that we're using it as one of the treatments as in, in the first-line setting. Which is to say, there are a lot of other treatment options, but right now, we have reason to believe that this newer regimen would work better than the current standard of care.

(07:43):

And that's the reason for considering the trial. The other misconception I hear commonly is people saying, "Well, I don't wanna end up on a placebo." And nobody would ever get just a placebo. There are some studies that include placebo, but it is always the standard of care treatment plus a drug or the standard of care treatment plus placebo. It would never just be placebo alone. When

Maida Mangiameli (08:09):

Someone is diag - newly diagnosed with small cell lung cancer, what, what are the most important steps you would, uh, uh, advise when they're considering starting treatment?

Dr. Jacob Sands (08:21):

We've talked about the importance of clinical trials consideration. I think it's really valuable to see someone at, at one of the larger centers. Preferably someone who treats a lot of small cell lung cancer. That's not, that's not something at every center. Dana-Farber is a pretty big center, so I see a lot of people with small cell lung cancer. And I'd say, you know, there are a handful of other oncologists throughout the country that really specialize and see a lot of, uh, people with small cell lung cancer. Um, but, but, you know, also to add to that is you don't wanna delay. So the challenge is small cell lung cancer tends to grow rapidly. And so you don't wanna wait a month to start your treatment. And especially if it's limited stage, you wanna get that first cycle of chemotherapy and you wanna see radiation oncology.

(09:23):

Now, in, in a lot of the academic centers, if, if you're calling in for a consult and say, "I have small cell lung cancer. I have not yet gotten treatment. And my understanding is I need to be seen urgently." You could say, "I'm scheduled to start treatment on such and such a date." Make them aware and, and really advocate for getting in quickly to get that assessment. I can tell you that the oncologist there, if they have trials available, they certainly wanna make sure they're, they're giving you the opportunity to choose that. If it's right for you, you don't have to choose it. Um, but, but those options can change when you've started treatment. The thing is, you just don't wanna delay starting treatment because small cell can grow rapidly. When

Maida Mangiameli (10:09):

I was diagnosed, my oncologist said, "We're going to start treatments in two weeks." After I'd gone through all the tests, the PET scan, the MRI, the, the biopsy, the CT scan. And I said, "Wait, wait, wait, wait, wait. We're scheduled to take our first ocean cruise along the coast of Australia in November. This was early September or late Au- August. And can we wait until January?" And he said, "Absolutely not. They're canceling that trip and we're starting immediately." So do I credit him with saving my life? Absolutely. And I think it's something people have to understand. Nothing is gonna be more important when you're diagnosed with small cell than starting treatment, making your decisions, t - getting your second opinion, and starting treatment as soon as possible. I

Dr. Jacob Sands (10:56):

Just saw someone in clinic this morning who is gonna be getting chemo and radiation, but all of her kids are coming together in one of the long weekends coming up. Oh. So she's saying, look, you know, this does not happen often. This is very, very important to me. And we talk about, okay, you know, does that make sense? And what's the risk to that? And, um, and, and how can we facilitate these things? Because, you know, these, these things that seem like they get in the way sometimes, they're the things that we, that we live for. This is, you know, you're seeing your kids and having your family time and all of that. But there's a balance to that, and people should know their risks in doing that. Uh, and so it varies depending on each scenario.

Maida Mangiameli (11:41):

Do you feel like we really have hit a turning point in the treatment of small cell lung cancer?

Dr. Jacob Sands (11:48):

Although we've seen real advances, and on the one hand, you know, we should celebrate advances that happen. Um, I continue to be overwhelmed by anytime I hit a limit to what I can do. And when we run out of options or when there's something not working, um, th- this is a, a constant reminder that we are not anywhere. You know, we're not there yet. Yeah. <laugh> Now, when I see people come in with years of ongoing control that are living their lives, that despite being diagnosed with metastatic small cell lung cancer, year after year, doing great, you know, those I, I celebrate, of course. Uh, but I, I am consumed by how do we get everyone to that? And until we do, it is, uh, work as aggressively as possible.

Maida Mangiameli (12:40):

My ability to spread hope to people starts with my own hope that my life will continue on. Uh, my one and only granddaughter was one when I was diagnosed and she's now nine. And I'm actually trying to turn her, her mind in the direction of a medical career someday already. But what gives you hope in this struggle?

Dr. Jacob Sands (13:04):

I have patients that, uh, were diagnosed with metastatic small cell lung cancer, and I've been seeing them since before I had kids <laugh>. So sometimes we're talking about their grandkids, we're talking about my kids. <laugh> Uh, and, and, um, and so these can be really fun social visits years in. I have a lot of hope in that I have some patients who tell me that they have days that they forget they even have lung cancer, which is unimaginable at the time of diagnosis. Yeah, I - But I also, um, have a lot of attention to the areas of great need. A- and so we continue to work until everybody gets, uh, this. And it's no longer a question of hope, but just in informing people about how great things are. And until we get to that point, um, I'd say from the scientific side, we continue to work really, really hard.

Maida Mangiameli (13:54):

I am living proof that there are reasons for hope even when you're diagnosed with extensive stage small cell. But what's really important to me is that everyone understand you can go to lcfamerica.org for pretty much all the information you want, for questions to ask your oncologist, for answers to questions that, that you have, that maybe your oncologist has not answered. LCFAmerica.org. Thank you for your time.