

Switching From IV to SubQ: A Deeper Dive Into Subcutaneous Treatment Transcript

Dr. Coral Olazagasti (00:00):

Is it effective? Yes, but can our patients get it? Can they tolerate it? How does it impact the quality of life? Because we're not always looking at just survival. Patients are just much more than just survival curves. It's important to know whether we're meeting really their hopes, their goals, their expectations.

Stephanie Williams (VO) (00:18):

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.

Jeanne Szurek (00:29):

When you're living with lung cancer, treatment can take up a lot of your life. Subcutaneous or SubQ treatment may offer some patients another way to receive certain medications without spending as much time in the infusion chair. I'm Jeanne Szurek. I'm living with lung cancer. I'm a patient advocate with Lung Cancer Foundation of America, and I've experienced SubQ treatment myself. Today, we're taking a deeper dive into what patients should know about SubQ. I'm joined by Dr. Coral Olazagasti. Doctor, before we get started, tell us a little bit about yourself and the lung cancer patients you serve.

Dr. Coral Olazagasti (01:12):

Absolutely, and I'm super delighted. Thank you for having me today, speaking about SubQ. My name is Dr. Coral Olazagasti. I'm originally from Puerto Rico, and I am an assistant professor of thoracic oncology at Sylvester Comprehensive Cancer Center at the University of Miami. And so basically, I specialize in caring for patients with lung cancer, and I do also a little bit of head and neck. So a big part of my day is not only about thinking what treatments to give our patients, but also how we deliver these treatments. So when I'm invited to talk about SubQ, um, I think it's a, it's a very important conversation to have. And so again, I, I'm very excited to be here today with you, that you've lived through it, um, just to have this, this discussion.

Jeanne Szurek (01:56):

Let's start with what might be the biggest question patients have. If I'm told that a medication I've been receiving through an IV can now be given as a SubQ injection, I might wonder, am I really getting the same treatment? What would you tell the patient?

Dr. Coral Olazagasti (02:15):

Yeah, no, that's a very good question, and that's actually a question that I get in the clinic, uh, pretty frequently. It's like, Doctor, is it too good to be true, right? Like if you're telling me that, that we are going from an IV medication that used to take hours to a subcutaneous injection that's only a few minutes, are we compromising efficacy? And I think the important thing to explain to patients, right, is that the amount of time that it takes to give the drug or the medication doesn't tell us how effective that medication is. And so it's important to really explain that before a subcutaneous medication and formulation is approved, there's ongoing research, very long-term research and studying how the

medications behaves in the bodies, how the body absorbs it, how, what the drug levels are that patients are exposed to, and also whether it reaches that therapeutic effect that we intend to do.

(03:08):

And so I try to reassure my patients that we're not simply saying, "This is quicker, so we're just assuming that it works." No, this is ongoing, very long process that shows that it works and it's equivalent, and so it's just an alternative to, to a, a formulation and a way of giving a medication. Um,

Jeanne Szurek (03:29):

In my own experience with infusion, for my cancer treatment, uh, the IV form was not pleasant. It wasn't good at all. I had a reaction with nearly every infusion, and I ended up getting a reduced dose every time, and side effects were tough to handle too. So when I was told that there was going to be a subcutaneous version of my drug, and I wanted to know more about it, I did some research.

Dr. Coral Olazagasti (04:04):

Mm-hmm.

Jeanne Szurek (04:05):

And when I read that that SubQ, uh, treatment was actually proving to have much milder and much fewer side effects and reactions than the intravenous form, I was on board. I was ready to, to give it a try. I think there's another very basic question patients may hesitate to ask.

Dr. Coral Olazagasti (04:28):

Mm-hmm.

Jeanne Szurek (04:29):

And that's, does it hurt? Uh, walk us through the experience. Where is the injection typically given? How long does it take? And what might someone feel while it's happening?

Dr. Coral Olazagasti (04:40):

Absolutely. I think that's, that's another valid question. You know, for, for most of the patients that are getting, um, IV, uh, version of the medications, oftentimes they have a port, uh, placed or they have a, a PICC line. Um, although some of them also just come in and have to get an IV placed the day of the treatment to get the administration. And so subcutaneous injections really bypass all of these modalities because all you need is to inject that tiny needle under the skin in a, in a, in a place where it's, where it's a little bit of, like, fat, fat tissue. So whether that's, like, the arm or the abdomen or the thigh, and the admi - the medication is administrated pretty quickly, usually within a few minutes. Um, I don't wanna tell the patients, like, "Oh, my God, it's like a walk in the park.

(05:28):

You won't feel anything," because obviously every patient is different, and they still might feel some pressure, maybe burning, stinging, and discomfort at the site of the injection. Um, some patients afterwards can have a little bit of soreness and redness or swelling around the injection site. Usually, the side effects are manageable for most, but again, I wanna always reiterate that every patient is different and every experience is valid, you know? I'm not there in the chair getting it myself. You have way more

experience than I do, so I truly wanna validate everyone's experiences, um, and preferences as well. The fact that you qualify for a subcutaneous medication doesn't mean that you're forced to do it. Absolutely not. It just means that you have more options in your repertoire, and anytime that we can give patients the option, I think that's a good, a, a, a, a good problem to have.

Jeanne Szurek (06:19):

Now, here's something I think can be confusing though. If the same type of cancer treatment is going into my body, but it's getting there differently, should I expect different side effects?

Dr. Coral Olazagasti (06:31):

Yeah, no, and I, and I think that, that's a, a great question. Usually when I talk to my patients about side effects, there's kinda like two ways, two categories that we described. And so we have the systemic side effects, right, that it's like the side effects that are from the drug. And just like you said, those side effects probably won't change that much because the, the drug is the same. So the, the, what you can expect from the drug itself, the side effects are probably gonna be similar. The way that, that we're delivering a medication doesn't necessarily make those disappear if it's, if it's a side effect from the drug itself. But there's, on the other hand, the administration related side effects, and I think you, you brought up a good point too, is that you have a lot of reactions, right? And so a lot of the IV formulations, with some particular drugs, we can see high rates and incidences of infusion-related reactions.

(07:22):

And so I think this is one of the things that can go down when a medication is administered subcutaneously rather than IV. And so because with the SubQ, you're introducing the medication under the skin, so usually the, the, the, the risk of getting those infusion-related reactions are differently than when you introduce it directly in through the vein. Um, and so I think that's important, right, to, to explain to patients and to make sure that they understand what to expect with, uh, the different, uh, formulations.

Jeanne Szurek (07:58):

So if I've already been receiving a medication by IV and I decide to switch to SubQ, should I expect my body to react pretty much the same way afterward or could the experience still be different?

Dr. Coral Olazagasti (08:11):

In general, yes. In general, there shouldn't be really any change. Again, it's the same medication, it's the same drug, so your body really shouldn't have any surprises. Um, and it's something that, that we've always put there on the table for our patients. If, for example, we've had a few patients that were on an IV medication and all of a sudden, uh, oh, the, the FDA just approved this medication in the subcutaneous form, we give them the option to switch to SubQ, and some people jump at the idea of making the switch, and others are not so excited to make the switch. Almost like if it's some broke, not broke, then why fix it? And so we respect it. We just educate them about what the change would be and what would, would entail and, like, just let the patients do, uh, make an informed decision.

(08:55):

But, but n, but no, in terms of, in general, the body should react, not, shouldn't react any differently if the drug was already there. Um, maybe, like you said, like, the, the rates of reactions during the infusion would go down, but we wouldn't expect anything to be worse than it was before.

Jeanne Szurek (09:10):

So, yeah, so if somebody says, you know, "I've been getting my treatment through an IV, I know what to expect, and I don't wanna change anything," that's a reasonable reaction, right?

Dr. Coral Olazagasti (09:21):

Completely, and it's totally valid. And again, we respect anyone's wishes. Like, if a lot of, oftentimes, patients with a history of cancer going through treatment, this is an uncomfortable situation for anyone, and I feel like comfortability matters to many people. And so, if they already know what to expect, they have, like, a good rhythm, they have a system in place, and that works from them, and they don't care to switch to anything else, then we support that, right? It's only an option that we're giving, but it's not really something that has to be done, uh, necessarily. Um, and, and many people would, would just prefer to keep on the same course, and some others would rather just change it and have a, a, a, a slower tear time and just be able to go onward their lives quicker, but it's just really a matter of patient preference.

(10:07):

We respect everyone's wishes, every single patient is different, and it's just making sure that they're making whatever decision is right for them.

Jeanne Szurek (10:16):

Even on days that I have to go into the center and get an infusion, uh, maybe of a drug for my bones, for example, um, I will still choose to get the injection of my treatment rather than getting it through infusion, because not only do I know how I'm going to react or not react to it, rather, I also know that it's eliminating a couple of hours of having to sit in the chair in addition to the infusion I'm already getting.

Dr. Coral Olazagasti (10:48):

Exactly.

Jeanne Szurek (10:49):

So it shortens that, you know, it shortens that time because I can get the injection at the same time as I'm getting an infusion. Mm-hmm. And so it saves time, and I'm out, and, you know, and then I'm still, if it's, if it's, um, a injection only day, I'm probably out in 90 minutes, and if it's, if it's an infusion day, I'm still out in about two hours, you know, which is a lot better than four hours. Sure. And I can be back out. I love to volunteer in my community, so I'm back out to volunteer or advocate for more lung cancer awareness. Uh -

Dr. Coral Olazagasti (11:29):

Absolutely. You, you get to do things that you love. You, you get time back, and that's very important.

Jeanne Szurek (11:34):

That, yes. That, that has meant a lot to me. So let's talk about eligibility, because I don't want someone listening to this to assume that every lung cancer treatment can suddenly be given as a shot because it can't. Doctor, who might be eligible for a subcu treatment and what determines whether it's an option?

Dr. Coral Olazagasti (11:57):

Absolutely. So unfortunately, not everyone is a candidate for subcutaneous administration because not every drug is available in the subcutaneous, uh, formulation. So whether it's an option depends on the medication that you're receiving and whether that formulation has been studied and approved for that particular use. Um, so when we look at the individual patient, right, we look at the cancer, the treatment plan, how they're tolerating therapy, and any other clinical factors that may influence in the decision. Um, and so, because like you said, it's not a one-size-fits-all, this is a very personalized treatment. We have to think about availability, formulation, insurance coverage, which is a big topic in and of itself. Um, are there specific monitoring requirements? And so it's important to know that, that if you have lung cancer, unfortunately, not necessarily means that you'll be eligible for a subcutaneous version, um, because we're not quite there yet, maybe in the future.

(12:53):

I know some more medications are being studied in the subcutaneous version, but it's always good to ask your doctor because perhaps there might be an option that you haven't heard yet and, and advocating for yourself is always very important. So ask your doctor, "Doctor, is there a way that you can give this medication to me in the subcutaneous version?" Whether the answer is yes or maybe the answer is no, but at least it's something that you ask for, right, and you know if that possibility exists for you, maybe in, in the moment or down the line in the future if that medications were to change to something else. And so I think it's important if you have the question or if you're interested to know, just ask. Your medical team should be there to really support you and kind of like guide you through those, through those questions.

Jeanne Szurek (13:36):

Sure. Yeah. So like in my case, you know, let's say I'm doing well on an IV treatment and then learn that that subcu version is available. I was able to switch, you know, during my treatment. Mm-hmm. Can, can all patients sometimes switch in the middle of treatment or is this generally a decision that has to be made before treatment begins?

Dr. Coral Olazagasti (14:01):

No, in general, we can switch in the middle of treatment. I think the one caveat that we have to make sure is that that, that, that particular patient with that particular drug, the insurance cov - the insurance covers the subcutaneous, uh, formulation. I wanna say in our practice for 90% of the patients, the insurance doesn't give us any pushback and there's no problem to switch in the middle of the treatment. We've had a few instances where the insurance says like, no, uh, we're only covering the IV formulation, um, but that's an, on a case-by-case basis. But in general, um, there's definitely ways to switch in the middle of treatment. And if the cases that we get denied by insurance, we always try to, like, appeal it or

request for a peer-to-peer and justify that if a treatment is approved, it really shouldn't be any barriers to the patient being able to receive that.

Jeanne Szurek (14:51):

Okay. So we also hear a lot about shorter treatment time with subcu. Yeah. But as patients, we know that treatment time isn't just the number of minutes it takes to administer a drug. There's parking, checking in, blood work, seeing the doctor, waiting for the pharmacy to prepare the medication. And sometimes after administration, you have to sit for some monitoring for a while. So realistically, how much time can SubQ change a patient's day?

Dr. Coral Olazagasti (15:29):

Yeah, I think it's important to distinguish that there's administration time and there's like a total appointment time, right? Um, I think the patients will probably still need to be, go to the labs. The patients will still need to be seen by their team. The medication still needs to be prepared by the pharmacist. But what really takes a, a big difference is the administration time. If you can shorten an infusion that used to take 90 minutes or 120 minutes for it to be administered into a three to six minutes subcutaneous injection, then that saves your time by like at least, right, an hour and a half, almost two hours. So it's not to say that your day is gonna go from a few hours to a few minutes in total, but it, in, in the gist of it, in the grand scheme of things, it should really make a, a significant impact because your chair time in the infusion center will definitely be reduced significantly.

Jeanne Szurek (16:23):

Yeah. Wh- when I was receiving treatment by IV, you know, I had to prepare days in advance by taking the steroids and -

Dr. Coral Olazagasti (16:31):

Uh-huh.

Jeanne Szurek (16:32):

And, uh, the pre-medications. And then, you know, the steroids meant that then I would lose sleep for days and then I would crash. So basically, you know, it's kind of a lost week, um, with, with the IV for me. But with the SubQ, I only had to use a steroid for the very first injection.

Dr. Coral Olazagasti (16:53):

Wow.

Jeanne Szurek (16:53):

And then after that, I just take my other prep drugs at home, and that shortens the wait time in the clinic by about a half hour.

Dr. Coral Olazagasti (17:03):

Yeah.

Jeanne Szurek (17:03):

And then, yeah, and so with the SubQ, if that's all I'm getting, I'm usually out of the clinic in about 90 minutes. And, you know, that makes such a difference because it was up to four hours, you know, for the whole appointment when I get an IV.

Dr. Coral Olazagasti (17:19):

And I love that you're, what you're saying is like, it doesn't necessarily change even your, your chair time, but it really has an impact in your symptoms and your sign, your at home. Like, it, it, it, it reduces the medication that you have to take at home, the steroids, so you're less jittery and you're less, like, stressed and you sleep better. So everything is like, it's kinda like, uh, uh, important to take that into consideration as well, the, the, the, the, the downfall e- effects of IV medications versus some of the subcutaneous injections. And not to say that that's gonna be the case for everyone, but if we're improving not only quality of time, you know, um - uh-huh. And chair time and a little bit of also, like, some i- impacting quality of life in the home, I think, I think that's, that's very important.

(18:04):

I think, ultimately, our patients are hopefully living a long time, right? And you, we don't want their lives to revolve around treatment days or their family members or their caregivers. Oftentimes, they cannot drive themselves. They need someone to call for work to come or if they're mothers or they have different responsibilities. And so we're really just trying to, instead of asking our patients that their lives to revolve around cancer treatment, uh, we just wanna, like, reduce that burden, right? Like the emotional burden, the time burden, and it's the toxicity burden. And so I think, I think it's important to have these conversations, and I think, again, it's important to, to ask whether this is a possibility for yourself and your, and your treatment plan, um, because it's, it's really good to, like, have that options and know what, um, what options you have for yourself and, and your, in your care.

Jeanne Szurek (18:56):

Right. You know, and my whole attitude toward treatment days started to change as soon as I got that first subcu injection, because, you know, I always looked at it as a have to do, gotta do, there goes my day. It just, it really changed my mental attitude towards going to the clinic, getting the treatment. Um, and, you know, so I, I love it. It, it has worked so well for me, but, you know, I understand that sometimes people might switch and then wanna switch back to IV because they have more problems. Is that possible?

Dr. Coral Olazagasti (19:41):

I mean, uh, I think anything's possible. Like you said, not, not every two patients are the same. We never know what to expect, and that might be a personal preference. And I think if that's the case, then we're always happy to discuss the, the switch back to IV. Again, we're, we're trying to really just support our patients and whatever works for them. And even though for perhaps many patients, subcutaneous could be more con- convenient and easier, perhaps that's not the case for everyone. And so just, it's important to, again, just be sure that you can communicate with your medical team and really just ask questions and, and share what your preference is in terms of treatment and kinda like what your goals are as well.

Jeanne Szurek (20:21):

Right, right. So for someone listening who's interested in this but doesn't know whether subcu is an option for them, let's give them a very practical way to start the conversation. What questions should they bring to their oncologist?

Dr. Coral Olazagasti (20:37):

I think it's simple. I think you ask, "Is there a subcutaneous version of the treatment that I'm receiving? And if there is, can I get it? And if not, in the future, if and when I need to be on a, a different medication, is there a s- subcu version of that medication that I can be on it?" 'Cause oftentimes us as oncologists, we don't have a plan A. We have a plan A, plan B, plan C. If we know what the patient's preference are, perhaps that's something that you would prioritize when trying to come up with what the future treatment would n - look like in the event that we need to, to resort to that.

Jeanne Szurek (21:15):

Sure. And then finally, when you look ahead, do you think subcu delivery is going to become a much more common part of lung cancer treatment? I -

Dr. Coral Olazagasti (21:25):

And

Jeanne Szurek (21:25):

What excites you most about where this is heading?

Dr. Coral Olazagasti (21:29):

I think so. I, I, I do. I think right now there's the, the World Conference of Lung Cancer happening in, in South Korea, and I know that there was, there was, uh, uh, a few studies evaluating the, the, the role of some medications in a SubQ formulation. I think it's a really exciting time to be a lung cancer doctor, not only because we're seeing so many breakthroughs in the landscape for lung cancer, but also because we're thinking much more patient-centered. I think we're taking into consideration the patient outcomes, the quality of life, people like you that are doing such a great job advocating for the community and for themselves, and we're taking your, your work into consideration when we design clinical trials. And I think this is so important because it's not only a matter of, like, oh, making medications that are effective, it's, is it, is, is, is it, is it effective?

(22:19):

Yes, but can our patients get it? Can they tolerate it? How does it impact the quality of life? Because we're not always looking at just survival. Patients are just much more than just survival curves. It's important to know whether we're meeting, really, their hopes, their goals, their expectations. And I think as we design trials with these expectations in mind, I think the future looks very, very promising, and I think we're gonna be seeing a lot more of SubQ versions of the, the, the different, um, medication formulations.



Jeanne Szurek (22:52):

That's great. Now, Dr. Olazagasti, thank you for helping us go beyond the basics and understand what patients should really consider when they're offered SubQ treatment. To learn more about lung cancer and the latest advances in treatment and research, visit lcfamerica.org.

Dr. Coral Olazagasti (23:14):

Thank you. Thank you for having me.

Jeanne Szurek (23:16):

Thank you.

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