



New Hope in Small Cell Lung Cancer: The Research Shaping What's Next Transcript

Dr. Ashish Saxena, MD, PhD (00:00):

There's a lot of changes going in the landscape today, more than we've seen for a very long time.

Wendy Brooks (00:05):

I love hearing this, that, um, we're finding new ways to attack the disease, and it gives us all tremendous hope.

Stephanie Williams VO (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):

Welcome to Hope with Answers. I'm Wendy Brooks, and I'm living with small cell lung cancer. When I was diagnosed, like many other patients I've spoken with, I wondered, "How long do I have?" Today, thanks to research, we're not just talking about living longer, we're also talking about living better. Joining me today is Dr. Ashish Saxena. Dr. Saxena, thank you for being here. Could you please tell our listeners a little bit about yourself and the work that you do?

Dr. Ashish Saxena, MD, PhD (00:56):

Sure. Thank you, Wendy. It's a pleasure to join you here. So I'm the chief of thoracic medical oncology at Weill Cornell, which means I'm an oncologist that focuses on the treatment of lung cancer patients, as well as focusing on research to improve both their, uh, survival and also their quality of life. And I'm excited to talk to you today about new research, uh, in small cell lung cancer and how it's ex - changing the experience of people living with this disease.

Wendy Brooks (01:23):

Oh, we're so excited to have you, and especially me, to have this conversation with you and ask you some really important questions that we would love to have answers to. So let's dive right in. The first question that I have for you is, what is the potentially life-saving question that many lung cancer patients may not know to ask at, when they're first diagnosed?

Dr. Ashish Saxena, MD, PhD (01:48):

Sure. I think, you know, a really important question to ask when you first get diagnosed in your first meeting with, uh, the doctor is that, "Is there a clinical trial that might be right for me?" Um, you know, you shouldn't assume that your doctor will automatically bring up this at the every, you know, first meeting or will know all about the clinical trials, but it's important for, as a patient, for, uh, you to kind of be an advocate for yourself and ask the question. Um, not a lot of patients do. Some studies found only about 14% of newly diagnosed cancer patients report discussing clinical trials. Um, and when you have an aggressive clin - uh, cancer sort like small cell lung cancer, it's important to ask about clinical trials before the treatment begins, because often there's, uh, you know, there is a natural push to get something started, but there are some trials that are only, uh, available for patients before they start treatment or as a initial kind of treatment.

(02:40):

And so asking upfront is really important. Um, clinical trials aren't just for sort of a last resort, "I've exhausted all my options and now it's time for a trial." Actually, the more promising drugs that are being developed are usually moved upfront so that eventually they become the new standard and are used if, you know, as the initial therapy.

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Wendy Brooks (02:58):

Dr. Saxana, we're seeing more research and innovation in small cell lung cancer than we, what we've had in years. How is that research helping people with small cell live better, not just longer?

Dr. Ashish Saxena, MD, PhD (03:13):

So, you know, one of the important aspects of the research that we're doing not only, uh, focuses on how the treatment may kill the cancer or make you live longer, but also, um, how it may make you live better, as you said. So clinical trials also now focus on things like quality of life measures, along with measuring how the cancer shrinks and, and, um, how long a person has, uh, on a particular treatment before the cancer grows. And so, uh, this often takes, uh, the form of questionnaires that patients fill out while they go through clinical trials, diaries that they keep, because we as researchers want you to spend more time feeling well and enjoying every day, and the goal is to have meaningful time, not just more time. And so doing these clinical trials where quality of life is a component helps us learn whether a particular treatment, yes, maybe shrinks the cancer, but does it also make the patient have a good quality of life?

(04:05):

Does it, uh, make them feel better? Does the time that they're spending on treatment, uh, um, is it valuable for them? Are they able to do the things that they wanna do?

Wendy Brooks (04:16):

Absolutely. And that, that, that really hits home with me. I know my first clinical trial that I was on, I had tremendous response. I had, um, 70% reduction in the tumor burden. However, towards the end of me being on this trial, I was frequently getting blood transfusions. My hemoglobin numbers were very low. I was, um, out of breath quite a bit due to that. And, and it really gave us the, the. All of those symptoms were something that we had to really consider, is this really worth it? Am I really getting the quality of life that I want? And as it turns out, um, in having those discussions with my oncologist, we were able to pivot into a different trial that has worked so much better and, and giving me that quality of life that, that I really want and I would expect to have at this point in time.

(05:16):

So, um, one innovation is we're paying much more to - attention to what the patients themselves say about how they're feeling. And when patient. What are the patient-reported outcomes and why are they becoming so important?

Dr. Ashish Saxena, MD, PhD (05:32):

Yeah. So again, patient-reported outcomes are kind of what they sound like. The patients report exactly how they're feeling that as they go through, uh, a study. And as we were just talking about, you know, a s - a drug that may be really effective in shrinking the cancer may leave the patient not feeling great, and so maybe that's not the best kind of treatment for any particular patient, or particularly if you have multiple options for, for treatments, maybe knowing that this treatment, yes, can shrink the tumor, but is kind of rough, may help the doctor in the future decide which treatment is right for which patient. Um, when we do patient-reported outcomes, the research measures s - researchers measure symptoms like fatigue or cough, breathing problems, pain, and also emotional wellbeing. And sometimes patients will notice improvements in their symptoms before it's time for a trial to get a scan and see things shrinking.

(06:23):

So that is also important for researchers to know that patients feel better faster, and so that when a particular s - uh, study shows a result, they can not only say that the tumor shrank, but the patient felt better quickly, which is an important outcome. And these reports - Yes. Kind of help with doctors evaluate treatments and if they really do improve your daily life.

Wendy Brooks (06:44):

Absolutely. That was, um, I, I noticed that too. When I, when I first started on that trial, I had quite the cough, and my scan wasn't scheduled for six weeks, but within two weeks of receiving my treatment, my cough had subsided. And that being a patient reported outcome, we had, we had high hopes that I would have, um, good results with the scan, which we did. So I think that that's, that's just so encouraging. And it's really encouraging to know that how patients actually

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feel, feel matters in research, not just what's showing up on a scan. For a long time, people with small cell lung cancer had relatively few options. What are some of these newer treatment approaches giving researchers more hope today?

Dr. Ashish Saxena, MD, PhD (07:33):

Sure. Yeah. For a long time, sort of chemotherapy was the main treatment option, and that really all there was. Um, you know, it's been historically difficult to treat this type of cancer. It grows quickly, um, and spreads, uh, quickly. And so, um, we just were kind of stuck with immuno - chemotherapy for a long time. And then sort of the most, uh, game-changing, I would say, treatment was the introduction of immunotherapy, which are treatments that we give that help your own immune system to also attack the cancer. And that's where we started to make progress, harnessing the immune system to also kill the cancer cells, along with chemotherapy. And now, we're studying newer approaches to use different types of immunotherapies, so not just what we typically have been using before, which were antibody drugs that block signals that inhibit the immune system, but also now other treatments that maybe actually bring your immune cells directly to the cancer and help them directly, uh, kill cancer cells.

(08:28):

Um, in addition to that, we're learning about proteins that these, uh, small cell lung cancers express that can be targets, not only for immune therapy, for, but for things like antibody drug conjugates, which are antibodies against the target that sort of bring a chemotherapy drug along with them to target the cancer a little more specifically, um, as well as combination therapies. So adding other things to immunotherapies like, uh, antibodies that may affect how blood vessels grow around the tumors. Those combinations may also show, uh, better efficacy than what we've been doing. So this has all been going on very recently, so there's a lot of changes going in the landscape today, more than we've seen for a very long time.

Wendy Brooks (09:10):

I agree. I mean, being diagnosed just three years ago, um, the, the, the, the target is changing right now. Um, as a limited stage small cell lung cancer person with my diagnosis, all that was really available for me at that time was chemotherapy and radiation. And even immunotherapy on the, at the limited stage wasn't introduced until just a couple of years ago. So things are changing rapidly. I'm seeing that happen, and I know that there are so many more options for us, and they just keep coming fast and furious. So,

Dr. Ashish Saxena, MD, PhD (09:46):

Um,

Wendy Brooks (09:47):

I love hearing this, that, um, we're finding new ways to attack the disease, and it gives us all tremendous hope, not just for me, but for everybody that's been diagnosed currently and those coming after. So another thing, and then another area where research has changed our cancer care, is understanding the palliative and supportive care. What has research taught us about introducing that care earlier?

Dr. Ashish Saxena, MD, PhD (10:17):

Sure. So palliative care, you know, a lot of times patients hear about that and they think it's hospice and it means we're stopping all treatments, but that's actually not what it means. Palliative care and, you know, probably more, uh, appropriately called supportive care is a sort of, uh, um, an adjunct to your actual cancer treatment where you're getting help supporting the symptoms. And the more we can kind of help control the symptoms, the better and easier it is for the patients to receive those treatments because they're not worrying about the side effects because we can manage them, things like nausea and, um, you know, the emotional anxiety involved. So having this, uh, kind of part of your treatment earlier on has been shown in, uh, research studies to be more beneficial than sort of waiting till you're feeling really sick and then focusing on some of these, uh, other issues.

(11:04):

So, you know, the supportive care can be pain control, so having the right, uh, amount of, uh, pain medications and the right types, uh, focusing on getting you to breathe better, um, your anxiety, fatigue, your nutrition. So some of these are

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done with medications, but they're also non-medication, uh, related ways to help support you in these ways. And this kind of reflects a broader change in the way cancer care is done, kind of treating the whole person, not just focusing on the tumor and the tumor size and, um, you know, these things that we typically think about, but just the person and what they're going through and how we can support them through, because the truth is the better you feel going through the treatments, the more treatments you can receive, the longer you, um, can be on them, and the better you can feel as you go through them.

Wendy Brooks (11:48):

That is so true. And I, I just wish more patients knew that accepting this extra support and care isn't giving up. It's giving yourself every opportunity to feel your best.

Dr. Ashish Saxena, MD, PhD (12:04):

Absolutely. So

Wendy Brooks (12:05):

Another question I have for you, why is it so important that. For patients to speak up about the side effects?

Dr. Ashish Saxena, MD, PhD (12:13):

Yeah. So, you know, we, uh, encourage our patients and we try to ask them about the side effects they're experiencing, whether it's on a clinical trial or just getting their standard treatments, because a lot of times we can do something about it, and we, you know, if we know that they're having this issue, we can, uh, prescribe certain medications to help them through it. We can adjust the dosages. I always tell my patients that, you know, "If you're not feeling well, there's always a way I can adjust something to probably help you feel better, but I will only know if you tell me." Um, good symptom management helps patients stay on treatment and maintain their quality of life for longer. Um, and then feedback also, uh, kind of helps us understand, especially for a new treatment that we're maybe studying, what are the effects on the patient so that in the future, other doctors can learn from that and say, "Oh, okay, you know, I'm, I'm gonna have to expect this because in the study, we, you know, the patient reported these outcomes, and so I'm going to expect it when I give it to my patient." And they can possibly, um, think about it ahead of time, so maybe they'll give a certain medication because they know this, uh, side effect is gonna happen.

(13:17):

So speaking up isn't like complaining, it's an important part of cancer care. It'll help you get through your treatment, and it'll help us understand the treatments that we're giving and their effect on the whole human being.

Wendy Brooks (13:28):

Dr. Saxena, in my experience with clinical trial, I've kind of, I've kind of been a little bad with not necessarily reporting my side effects for fear of getting kicked out of the trial, but I've learned that that's not the case. Can you elaborate on that a little bit?

Dr. Ashish Saxena, MD, PhD (13:46):

Yeah, I think a lot of patients, particularly on clinical trials, get nervous that if they say something, they'll get kicked out. But the truth is, the side effect part of it is, is part of the clinical trial. That's how we learn that this new treatment, what it actually does to a person, what the side effects are in the future, you know, if it becomes a standard treatment that, you know, the patients are going on and know what are the side effects. And I tell my patients, like, "You're gonna tell the people in the future what the side effects are by being honest about what you're going through so that in the future, a patient can understand what to expect." Um, and also, you know, letting the doctor know early is important, um, as we mentioned, because, uh, they can, we can usually do something about it, and it's not gonna get you kicked off the trial, it just means that we are learning how to manage those side effects.

(14:30):

And so, um, I think it's really important that, uh, the patients let the doctors know what they're going through, both in a clinical trial and just, um, as they're going through any other standard cancer treatment.

Wendy Brooks (14:40):

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When you are looking at research that's happening right now, what innovations give you the most hope for the future of small cell lung cancer?

Dr. Ashish Saxena, MD, PhD (14:50):

Yeah, I mean, there's so much going on. There's a lot of scientific attention focused on small cell lung cancer, so really understanding the biology of the disease, um, and how we can use that biology to develop new treatments. Um, they, like we talked about, can involve combinations, so understanding that it may be vulnerable to the certain types of, um, inhibitions like blocking blood vessel growth, or certain immune therapies, or certain, uh, proteins that could be targets for these antibody drug con - uh, conjugates. These are all sort of areas of active, um, study and in. Both in clinical trials and in the lab, and also categorizing the small cell lung cancers a little better. You know, small cell lung cancer is just sort of, in the past, been a very broad, uh, kind of term that we just give to it, but there are different types, you know, within the small cell lung cancer, um, uh, sort of continuum, and they may have different, um, uh, areas that you can exploit different types of them, where different drugs work better in some types versus another, and we're really learning about that now.

(15:52):

And so that gives me a lot of hope that we'll be able to maybe tailor treatments a little bit better for small cell lung cancer instead of treating them all the same. Um, there's still a lot of work to do, but there are many reasons for optimism in this, uh, field in small cell lung cancer research today.

Wendy Brooks (16:06):

Yes, I, I can see that that's where the future is going with the personalization of the treatment to the patient based on the subtype that they are expressing at the time. So I'm, I, I, I'm more hopeful today than I have ever been, and I just can't wait to see what's right around the corner. I know we're gonna have some fantastic breakthroughs. So thank you. This is a very helpful place for us to end, and we appreciate you, Dr. Saxena, for joining us today. To learn more about groundbreaking research, visit lcfamerica.org. Thank you for joining us today.

Dr. Ashish Saxena, MD, PhD (16:49):

Thank you. Thanks for having me.