Histology-Specific Recommendations - Large Cell Neuroendocrine

TRANSCRIPT & FIGURES
One of the less common subtypes of non-small cell lung cancer is known as large cell neuroendocrine, and it is in the same family as small cell lung cancer – these are all known as neuroendocrine cancers. They originate from cells that are in the middle of the body, in the middle of the chest, that have evolved to have hormone-secreting abilities. Because of that, large cell neuroendocrine and small cell lung cancer really share enough features that they are treated in a very similar way.

The standard approach for most patients with advanced non-small cell lung cancer for metastatic lung cancer, if you do not have a driver mutation like EGFR or ALK, is a two drug combination, a so-called platinum-based doublet with cisplatin or carboplatin in combination with a partner drug. For many subtypes of lung cancer, what that partner is doesn’t matter too much – the various combinations all produce very similar results. However we tend to make a very specific recommendation for patients with a large cell neuroendocrine cancer and in fact we treat it very much like we would a small cell lung cancer.

For decades we’ve known that cisplatin or carboplatin in combination with a drug known as etoposide is a very effective treatment approach for small cell lung cancer and because large cell neuroendocrine is in the same family and has so many similar features, the most common recommended approach in terms of the chemotherapy that we would favor is cisplatin or carboplatin in combination with etoposide. Other options are certainly reasonable, but they are not as commonly recommended.
Unfortunately we don't have a lot of actual research yet on the best approaches for patients with advanced large cell neuroendocrine cancers, but we're starting to look into that for the first time in a very meaningful way. Until we have those results, we really do tend to favor a platinum and etoposide approach.
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