



Lung Cancer News and Updates ASCO 2020

SCLC Trial Updates - New Combinations

Chemo-Immunotherapy for Extensive Stage SmallCell Lung Cancer

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Dr. Jack West: Hi, I'm Dr. Jack West, I'm associate clinical professor in medical oncology at the City of Hope Comprehensive Cancer Center, and also the founder and president of GRACE, global resource for advancing cancer education. I'm very happy to be joined today for an ASCO highlights presentation in the field of lung cancer with two of my friends and colleagues from other parts of the country who are lung cancer experts with some different perspectives. And we're going to go through some of the key presentations and talk about what we think this means for patients. So first I have Dr. Helena Yu, who is medical oncologist at Memorial Sloan Kettering Cancer Center and Dr. David Spigel, who is chief scientific officer and director of the Lung Cancer Program at the Sarah Cannon Cancer Center in Nashville, Tennessee. Thanks guys for joining.

There were several ways presented in the setting of extensive stage small cell lung cancer. So two thirds of patients have metastatic disease in the setting of small cell. It tends to spread relatively early in its course. And these studies that were presented gave a combination of chemotherapy with, or without other checkpoint inhibitors. We already have two agents that are FDA approved after demonstrating a survival benefit given with chemotherapy in the setting of first line treatment for extensive stage small cell both Tecentriq, Atezolizumab and Invensys, Dirvalumab, I've already shown that in previously reported and presented studies and being FDA approved. So we have two options and only can use one.

Now there's a couple more that have been invented, see a significant improvement in progression free survival with Opdivo, nivolumab, no overall survival data presented. And Keytruda, pembrolizumab, depending on the way the analysis was done and who was included borderline significant for overall survival. And so my question's pretty simple here, and that is, are these studies adding anything at this point? Are they just too little too late? Or do you see any path to their utility alongside or instead of what we already have, David?



- Dr. David Spigel: Yeah, I mean, I think they all look about the same. I, you know, I think me though, unfortunately, if I remember this is a phase two study the pembro, you know, so nivo is not really able to get registered in that way. But I think you're right, I mean, when you look at Caspian, with Dirvalumab added to chemo and Empower 133 where Atezo is added to chemotherapy. I don't think there's anything new here. Or is there anything new with those two studies? I mean, I think what we know is that adding immunotherapy probably regardless of agent to platinum doublet chemotherapy, in first line, small cell extensive stage looks to all be about the same in terms of efficacy and safety. So I don't, I think it's just another tool or another couple of tools in our toolbox, but I don't really see any, any real advances here, otherwise.
- Dr. Jack West: Helena, are these just a lateral move at best or anything better?
- Dr. Helena Yu: Yeah, I think just lateral, like you said, I think it just, again, reinforces a small, but real benefit with adding immunotherapy to the chemotherapy back on for small cell. And I think maybe perhaps allows for sort of other combination studies to be done, but you know, not really additive or practice changing in and of themselves, these new agents.