"Consolidation" Radiation to Residual Disease After a Good Response to First-Line Therapy: Who and Why?

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TRANSCRIPT

One of the general principles of treatment of patients with advanced or metastatic non-small cell lung cancer as well as many other cancers that have spread to other parts of the body is that our cornerstone of treatment is whole body therapy or systemic therapy. This is usually agents like chemotherapy, potentially immune therapy, or targeted pill-based therapies if a patient has a specific mutation that can be inhibited by an oral targeted therapy. In contrast, one of the other concepts of how we treat cancers at least some is to use surgery to cut them out or radiation to burn them where they are.

One of the questions that people can ask is, is there a role for these local therapies to treat a specific area in patients with advanced or metastatic non-small cell lung cancer. Historically we have said no, the treatment approach is whole body therapy and there really is not a role for giving radiation or surgery except in specific situations where there is a problem from the cancer growing in a particular place like in the brain where there is very little room for cancer to grow before it causes problems so we need to do radiation or sometimes surgery. You can have compression of the airway causing issues that need to shrink the cancer. But there is also an increasing focus on the possibility of using what we call local consolidation therapy; often radiation occasionally surgery to get rid of either burn or resect the residual cancer after a patient with advanced disease has started a whole-body therapy such as a targeted treatment like EGFR inhibitors, ALK inhibitors, or immune therapy potentially with chemotherapy. If patients have a major shrinkage of their cancer and have relatively little cancer left, you could potentially get a good result from doing additional treatment like radiation or surgery to remove that.

This is still a controversial area that has not been proven to be completely beneficial. It is not a standard of care yet. Different physicians and medical centers have different approaches and philosophies about this but there is some increasing evidence to support the idea that for patients with very little residual disease. This would really be the patients who are still fit, strong, able to pursue other treatment, who have been doing well for several months at least on a whole-body systemic therapy, and who have just one or two or at most three I would say areas that still have cancer. Doing a local therapy such as radiation or possibly surgery to get rid of or burn that residual disease can not only get rid of what we can see there but may even change the timeline for new disease in other parts of the body emerging. So, in other words we may be able to improve how long people live.

Some people talk about this as a curative treatment and I would be very cautious and am not inclined to say that this is a realistic goal for at least the vast majority of the patients. Even if we treat one way or another and somehow get rid of all the disease you can see we still expect that there is going to be additional disease that is microscopic and will appear at some point. But, if we can perhaps supplement the whole body therapy with surgery or radiation or some combination for the patients who have just a very limited amount of residual disease after having a very good tumor shrinkage we may be able to change the course of their disease, postpone the time for any cancer to come back, and have people live significantly longer.

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