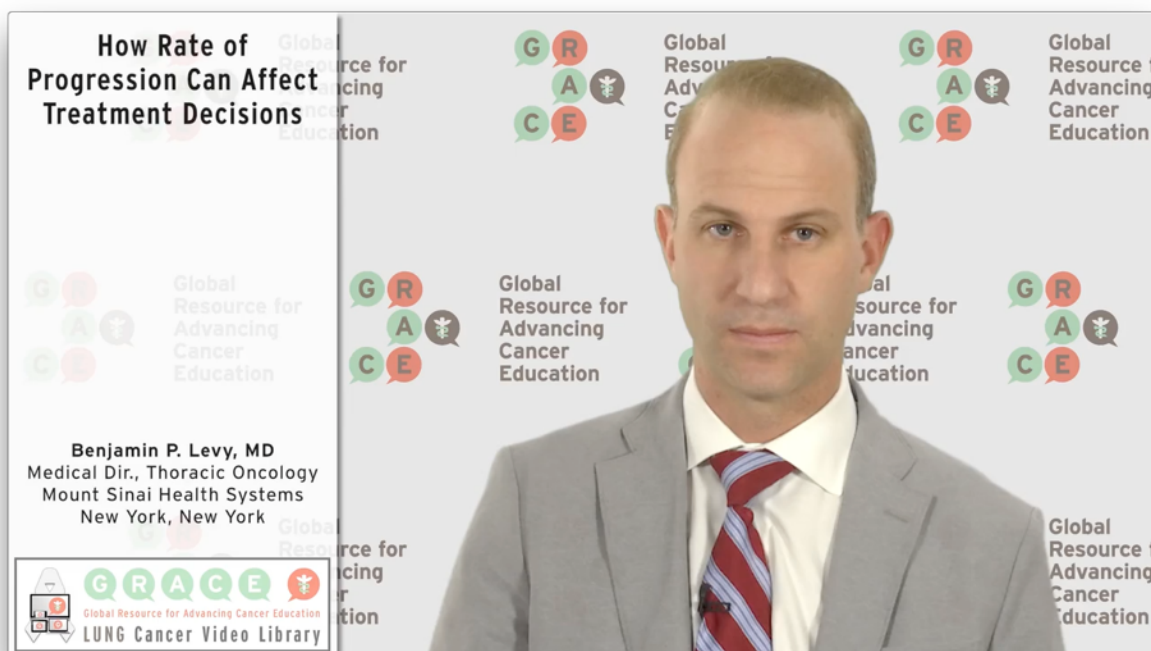




# How Rate of Progression Can Affect Treatment Decisions



## TRANSCRIPT & FIGURES

I think we know a lot now about how to treat patients with advanced stage lung cancer, and there are several things that we factor in when we treat patients. One is clearly the genetic makeup of their tumor – we tend to look at this when we're trying to decide on a targeted drug for these patients. The other is perhaps histology, looking at a particular type of lung cancer whether it be adenocarcinoma or squamous cell, and deciding what type of chemotherapy we're going to give. One that I would also like to mention that's sometimes factored into treatment decisions is the variability of the aggressiveness of the tumor, meaning that some lung cancers can be very aggressive, and despite popular belief, some can be quite indolent.

Now while most lung cancers are thought to be more aggressive, I have come across many patients with lung cancers that tend to grow less rapidly, and the thought is: how do we factor this in when we're making treatment decisions? I think the variability of progression plays out in two clinical scenarios.

One is a patient who is on chemotherapy or even on a targeted drug who's doing well and tolerating the drug, and in which we are ordering scans every six to twelve weeks and we're seeing that the tumor is growing but at a very limited pace, and the question is: if the patient is tolerating the chemotherapy or the targeted drug, should that limited pace of growth trigger a treatment change? I would say in our practice, not necessarily. Sometimes if growth is small, or growth is limited, or the pace is limited, sometimes we will keep patients on that particular therapy. My thought is they're probably deriving some sort of benefit from that therapy if they're tolerating it.

I think the other scenario where this plays out is for a patient who perhaps hasn't been tolerating therapy and is on a treatment break. Sometimes not all patients tolerate chemotherapy and may need a treatment break, particularly when they get to maintenance, and the question becomes: if the cancer is growing on scans while they're on a treatment break, should you reinstitute the drug or even reinstitute another drug? Again, I think that depends on how quickly things are moving along – for patients who may have not tolerated treatment well who are on a treatment break and their cancer is growing very, very slowly, I think it's reasonable to continue to watch them as long as they understand that the cancer may grow rapidly at some point.

So I think these are important considerations when you're treating a patient, not only to look at the genetic alterations in the tumor, not only to look at histology, but also to consider the natural evolution of this cancer and how it's moving, and how quickly it's growing when making treatment decisions.

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