Provincial Small Cell Lung Cancer Treatment Guidelines

Approved at the Provincial Thoracic Oncology meeting, March 12, 2011

Clinical practice guidelines have been developed after multi-disciplinary consensus based on best available literature. As the name suggests, these are to be used as a guide only. These guidelines do not replace Physician judgment which is based on multiple factors including, but not limited to, the clinical and social scenario, comorbidities, performance status, age, available resources and funding considerations.

Participating in clinical trials is encouraged when available.

WORK-UP

- Biopsy: Preferably core
- H&P, Labs
- CT chest, abdomen and pelvis
- PFTs
- PET scan as per physician discretion
- CT or MRI brain
- Bone scan

A. MANAGEMENT STRATEGY

A1. Limited stage

1. Concurrent chemotherapy and radiation
   - Cisplatin + Etoposide 4 to 6 cycles.
   - Concomitant RT (45Gy in 30 fractions using BiD treatment schedule OR 50-60Gy in 2 Gy per fraction)
   - RT to start with cycle 1 or 2 of chemotherapy.

2. PCI (25Gy/10# whole brain RT)
   - Should be discussed with all patients who have significant response to chemotherapy and radiation.

A2. Extensive stage

1. Combination 1st line chemotherapy: Cisplatin/Caboplatin + Etoposide 4 to 6 cycles.

2. If relapse >6 months: original regimen, if <6 months: Topotecan

3. Consolidation radiation to chest may be used in some patients although with a palliative intent. 50Gy in 25#, 40Gy in 16#, 36Gy in 12#, 30Gy in 10# and 20Gy in 5# are all acceptable options.

4. PCI (25Gy/10# whole brain RT)
   - Same indications as in limited stage disease.
**FOLLOW UP**

- In patients treated with curative intent, perform a history and physical examination every 3–6 months for the first 3 years, every 6–12 months for the next 2 years, annually thereafter.
- Consider CT chest/abdomen with iv contrast every 6 months for the first 2 years and then yearly for the next 3 years in limited stage small cell lung cancer.
- Consider CT chest/abdomen with iv contrast in extensive stage small cell lung cancer as clinically indicated.

**Appendix (Limited stage: chemotherapy for 4 - 6 cycles)**

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cisplatin 60mg/2 Day 1 + Etoposide 120mg/m² mg/m² Day 1-3 with RT</td>
<td>Every 21 days</td>
</tr>
<tr>
<td>2</td>
<td>Cispaltin 80mg/m² Day 1 + Etoposide 100mg/m² mg/m² Day 1-3 with RT</td>
<td>Every 21 days</td>
</tr>
<tr>
<td>3</td>
<td>Carboplatin AUC 5-6 Day 1+ Etoposide 100mg/m² mg/m² Day 1-3 with RT</td>
<td>Every 21 days</td>
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**Appendix (Extensive stage: chemotherapy for 4 o 6 cycles)**

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<tr>
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<td>Every 21 days</td>
</tr>
<tr>
<td>3</td>
<td>Topotecan 1.5mg/m² Day 1-5</td>
<td>Every 21 days</td>
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**Meeting organizer:** Dr Rashmi Koul.

**Compilers Of Guideline:** Dr Arbind Dubey and Dr Vamsee Torri.

**Guideline Facilitators:** Dr H.Chalchal, Dr S.Yadav, Dr V.Kundapur and Dr P.Tai.

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**Presentation Moderators:** Dr M.Khan, Dr A.Amjad, Dr J.Tsang, Dr H.Chalchal, Dr S.Yadav, Dr S.Ahmed and Dr A.Moustapha.
REFERENCES

49. Le Péchoux C, Dunant A, Senan S, et al. Standard-dose versus higher-dose prophylactic cranial irradiation (PCI) in patients with limited-stage small-cell lung cancer in complete remission after chemotherapy and thoracic radiotherapy (PCI 99-


Additional resources:

www.nccn.org
www.cancer.gov
http://www.bccancer.bc.ca
http://www.cancercare.on.ca