ASCO® Guidelines

Ontario Health
Cancer Care Ontario

| Systemic Therapy for SCLC: ASCO-OH (CCO) Guideline | | | | |
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| **Clinical Question** | **Recommendation** | **Type** | **Evidence Quality** | **Strength** |
| What is the optimal treatment regimen for adjuvant systemic therapy in patients with resected SCLC? | **1.1.** Adjuvant chemotherapy should be offered to patients with resected limited-stage SCLC who have adequate performance status. | EB | L | S |
| | **1.2.** Adjuvant chemotherapy should consist of 4 cycles of cisplatin or carboplatin plus etoposide. | IC | N/A | W |
| | **1.3.** Adjuvant chemotherapy should be initiated within 8 weeks from resection. | IC | N/A | W |
| What is the optimal systemic therapy for use with concurrent radiotherapy in patients with LS-SCLC? | **2.1.** Cisplatin and etoposide should be administered with concurrent radiotherapy in patients with LS-SCLC. | EB | H | S |
| | **2.2.** Carboplatin and etoposide may be offered as systemic therapy concurrent with radiation for patients with LS-SCLC and contraindications to the use of cisplatin. | EB | L | S |
| | **2.3.** Chemotherapy should be commenced as soon as possible in patients with LS-SCLC and not deferred until radiation therapy can be started. | IC | L | S |
| What is the optimal first-line systemic therapy for patients with ES-SCLC? | **3.1.** First-line systemic therapy with carboplatin or cisplatin plus etoposide plus immunotherapy (atezolizumab or durvalumab) followed by maintenance immunotherapy should be offered to patients with ES-SCLC if there are no contraindications to immunotherapy. | EB | H | S |
| What systemic therapy options are available for treating relapsed SCLC? | **4.1.** In patients with relapsed SCLC with a chemotherapy-free interval of less than 90 days, single-agent chemotherapy may be offered. Preferred agents are topotecan or lurbinectedin. | EB | M | S |
| | *Qualifying statement: Single-agent chemotherapy is preferred over multi-agent chemotherapy due to concerns regarding the balance of risks versus benefits.* | | | |
| | **4.2.** In patients with relapsed SCLC with a chemotherapy-free interval of at least 90 days, re-challenge with a platinum-based regimen or single-agent chemotherapy (preferred agents are topotecan or lurbinectedin) may be offered. | EB | M | S |
| | **4.3.** In patients with relapsed SCLC who had progression while on maintenance immunotherapy, there is no evidence to support continuation of immunotherapy. | IC | N/A | S |

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| | **4.4.** In an immunotherapy-naïve patient, second-line immunotherapy alone is not recommended outside of the clinical trial setting. Participation in clinical trials to better identify predictive biomarkers is encouraged. | EB | M | S |
| What is the best management approach for treatment naïve patients who are older or who have poor PS? | **5.1.** Older patients with LS-SCLC and ECOG PS 0-1 may be offered standard treatment with concurrent chemoradiotherapy with curative intent. | EB | M | S |
| | **5.2.** Patients with LS-SCLC and ECOG PS 2 due to SCLC may be offered standard treatment with concurrent chemoradiotherapy with curative intent. | EB | L | W |
| | **5.3.** Patients with LS-SCLC and ECOG PS 3-4 due to SCLC may be offered initial chemotherapy followed by sequential radiotherapy if there is improvement in PS. | IC | L | W |
| | **5.4.** Older patients with ES-SCLC and ECOG PS 0-1 may be offered standard treatment with carboplatin and etoposide plus immunotherapy (atezolizumab or durvalumab) followed by maintenance immunotherapy. | EB | M | S |
| | **5.5.** Patients with ES-SCLC and ECOG PS 2 may be offered carboplatin and etoposide plus immunotherapy. | IC | L | W |
| | **5.6.** Patients with ES-SCLC and ECOG PS 3-4 due to SCLC may be offered chemotherapy. | IC | L | W |
| What is optimal systemic therapy for patients with NSCLC harboring an *EGFR* mutation that has transformed to SCLC? | **6.1.** Patients with NSCLC harboring an *EGFR* mutation that has transformed to SCLC should be managed with carboplatin or cisplatin plus etoposide. | IC | L | W |
| | *Qualifying statement: There is insufficient evidence to support the use of immunotherapy in this setting. Clinical trial enrollment should be offered whenever possible.* | | | |
| | **6.2.** EGFR inhibitor may be continued with chemotherapy in patients with NSCLC harboring an *EGFR* mutation that has transformed to SCLC. | IC | L | W |
| What is the role of biomarkers, including molecular profiling in guiding therapy for patients with SCLC? | **7.1.** There is no evidence to support the use of molecular profiling and biomarker analysis to guide standard treatment in patients with *de novo* SCLC. | EB | L | W |
| Which myeloid supportive agents may be considered for use in patients with SCLC? | **8.1.** Trilaciclib or G-CSF may be offered as a myeloid supportive agent for patients with untreated or previously treated ES-SCLC who are undergoing treatment with chemotherapy or chemoimmunotherapy. | EB | M | W |
| | **8.2.** G-CSF may be offered in patients with LS-SCLC who are undergoing chemoradiotherapy. | EB | M | W |

**Abbreviations.** ASCO, American Society of Clinical Oncology: CCO, Cancer Care Ontario; EB, evidence based; ECOG, Eastern Cooperative Oncology Group; EGFR, epidermal growth factor receptor; ES-SCLC, extensive-stage small-cell lung cancer; G-CSF, granulocyte colony stimulating factor; H, high; IC, informal consensus; L, low; LS-SCLC, limited-stage small-cell lung cancer: M, moderate; N/A, not applicable; NSCLC, non-small-cell lung cancer; OH, Ontario Health; PS, performance status; S, strong; SCLC, small-cell lung cancer; W, weak