

## **Small Cell Lung Cancer**

The American Society of Clinical Oncology offers the following clinical guidance on treatment alternatives during shortages of antineoplastic agents. Decisions should be based on specific goals of the therapy where evidence-based medicine has shown survival outcomes and life-extending benefits in both early and advanced stages. For more information on ASCO's general principles during drug shortages, please visit ASCO's [Clinical Guidance page](#). For further consideration of ethical guidance, please visit ASCO's [Ethical Principles and Implementation Strategies page](#).

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### **SMALL CELL LUNG CANCER**

#### **LIMITED-STAGE DISEASE**

Recommended primary or adjuvant systemic treatment:

- Cisplatin plus etoposide (PE)
- Carboplatin plus etoposide (CE)

ALTERNATIVES:

- There are no equally effective alternatives to platinum for limited-stage disease in the curative-intent setting. Patients should be referred to a center where carboplatin and/or cisplatin are available.
- If neither carboplatin nor cisplatin is locally available, consider starting cyclophosphamide + doxorubicin + vincristine (CAV) regimen until radiation commences, and then switch to single-agent paclitaxel or single-agent etoposide.<sup>1</sup> Note: doxorubicin containing regimens have prohibitive toxicities when combined with radiotherapy

#### **EXTENSIVE-STAGE DISEASE**

Recommended primary systemic treatment:

- Cisplatin plus etoposide (PE) and atezolizumab or durvalumab
- Carboplatin plus etoposide (CE) and atezolizumab or durvalumab

ALTERNATIVES:

- When access to platinum is limited, consider restricting to 4 cycles\*, as data showing benefit beyond 4 cycles is limited.
- Cyclophosphamide, doxorubicin, and vincristine (CAV)\*<sup>1</sup>

#### **RECURRENT DISEASE**

- If the time since last platinum therapy is greater than 90 days (or 180 days, depending on guidelines followed) and the patient is platinum-sensitive, treatment with platinum is reasonable if available.
  - If platinum is not available, adding immunotherapy to etoposide is the preferred regimen for this setting.
  - Lurbinectedin or topotecan as a single agent in this setting is also a reasonable option.
  - Other single-agent options may include etoposide, docetaxel, or gemcitabine.

*\*Preferred alternative options*

1. Roth BJ, Johnson DH, Einhorn LH, et al: Randomized study of cyclophosphamide, doxorubicin, and vincristine versus etoposide and cisplatin versus alternation of these two regimens in extensive small-cell lung cancer: a phase III trial of the Southeastern Cancer Study Group. *J Clin Oncol* 10:282-91, 1992