Guideline Resource Unit
guru@ahs.ca

Recommendations Summary

Small Cell Lung Cancer
Mesothelioma

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Cancer Care Alberta

www.ahs.ca/guru

The abbreviated guideline recommendations outlined in this summary apply to adult patients with lung cancer, and are a consensus of the Alberta Provincial Lung Tumour Team. Full clinical practice guidelines with detailed descriptions of the clinical questions, recommendations, methodology, and references are under development and will be posted on the website when finalized.

Abbreviated Guideline Recommendations

SCLC: Limited stage

- Four to six cycles of platinum and etoposide chemotherapy with radical radiation therapy. Cisplatin is preferred for limited stage disease, if tolerated.
- After chemoradiation the patient should be considered for prophylactic cranial irradiation or close brain surveillance.

SCLC: Extensive stage

- Chemoimmunotherapy with platinum and etoposide chemotherapy, and immunotherapy. Can use either durvalumab[1] (CASPIAN data) or atezolizumab[2] (IMPOWER 133 data).
- Consider referral to radiation oncology for possible consolidative thoracic irradiation and either prophylactic cranial irradiation or close brain surveillance.
- Continue maintenance durvalumab or atezolizumab until disease progression or poor tolerance.
- Disease recurrence within or beyond 3-6 months can be considered platinum-sensitive and rechallenged with platinum and etoposide.
- Disease recurrence within 3 months is platinum-resistant. Second-line treatment consists of cyclophosphamide, Adriamycin and vincristine (CAV) or topotecan.

Mesothelioma

- First-line treatment options for unresectable malignant pleural mesothelioma include:
    - Ipilimumab/nivolumab[3] (Checkmate 743 data)
    - Carboplatin/pemetrexed (up to 6 cycles)
- Choice of first-line treatment should depend on tumour histology (epithelioid vs sarcomatoid) in addition to patient comorbidities, age, performance status and patient's preferences.
- Second and subsequent line therapy options include retreatment with platinum-pemetrexed, vinorelbine, gemcitabine.

Formerly Included

Perioperative Management of Non-Small Cell Lung Cancer (NSCLC)

- See Management of Stage I, II, and Resectable Stage III NSCLC clinical practice guideline.

Metastatic/Advanced NSCLC

- See Advanced Non-Small Cell Lung Cancer: Driver Mutation Positive and Advanced Non-Small Cell Lung Cancer: Driver Mutation Negative clinical practice guidelines.

Unresectable Stage III NSCLC

- See Unresectable Stage III Non-Small Cell Lung Cancer clinical practice guideline.

References:

1. Goldman JW, Dvorkin M, Chen Y, Reinmuth N, Hotta K, Trukhin D, et al. Durvalumab, with or without tremelimumab, plus platinum-etoposide versus platinum-etoposide alone in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): updated results from a randomised, controlled, open-label, phase 3 trial. *Lancet Oncol*. Jan 2021;22(1):51-65.
2. Liu SV, Reck M, Mansfield AS, Mok T, Scherpereel A, Reinmuth N, et al. Updated Overall Survival and PD-L1 Subgroup Analysis of Patients With Extensive-Stage Small-Cell Lung Cancer Treated With Atezolizumab, Carboplatin, and Etoposide (IMpower133). *J Clin Oncol*. Feb 20 2021;39(6):619-630.
3. Peters S, Scherpereel A, Cornelissen R, Oulkhouir Y, Greillier L, Kaplan MA, et al. First-line nivolumab plus ipilimumab versus chemotherapy in patients with unresectable malignant pleural mesothelioma: 3-year outcomes from CheckMate 743. *Ann Oncol*. May 2022;33(5):488-499.