

P1.001-105: Survival Benefits of Screening in Limited Stage Small Cell Lung Cancer From a Multicenter Analysis

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INTRODUCTION

- Lung cancer **screening (LCS)** has demonstrated a **benefit** in non-small cell lung cancer, its **role in small cell lung cancer (SCLC)** remains less well defined
- There is limited data on the clinical outcomes of patients diagnosed with **limited stage SCLC (LS-SCLC)** through **LCS versus outside of LCS**
- We performed a **multi-center retrospective analysis** comparing outcomes among patients identified through differing approaches, including a **comprehensive academic LCS**, a **primary care-based USPSTF cohort**, and those **diagnosed outside of LCS**.

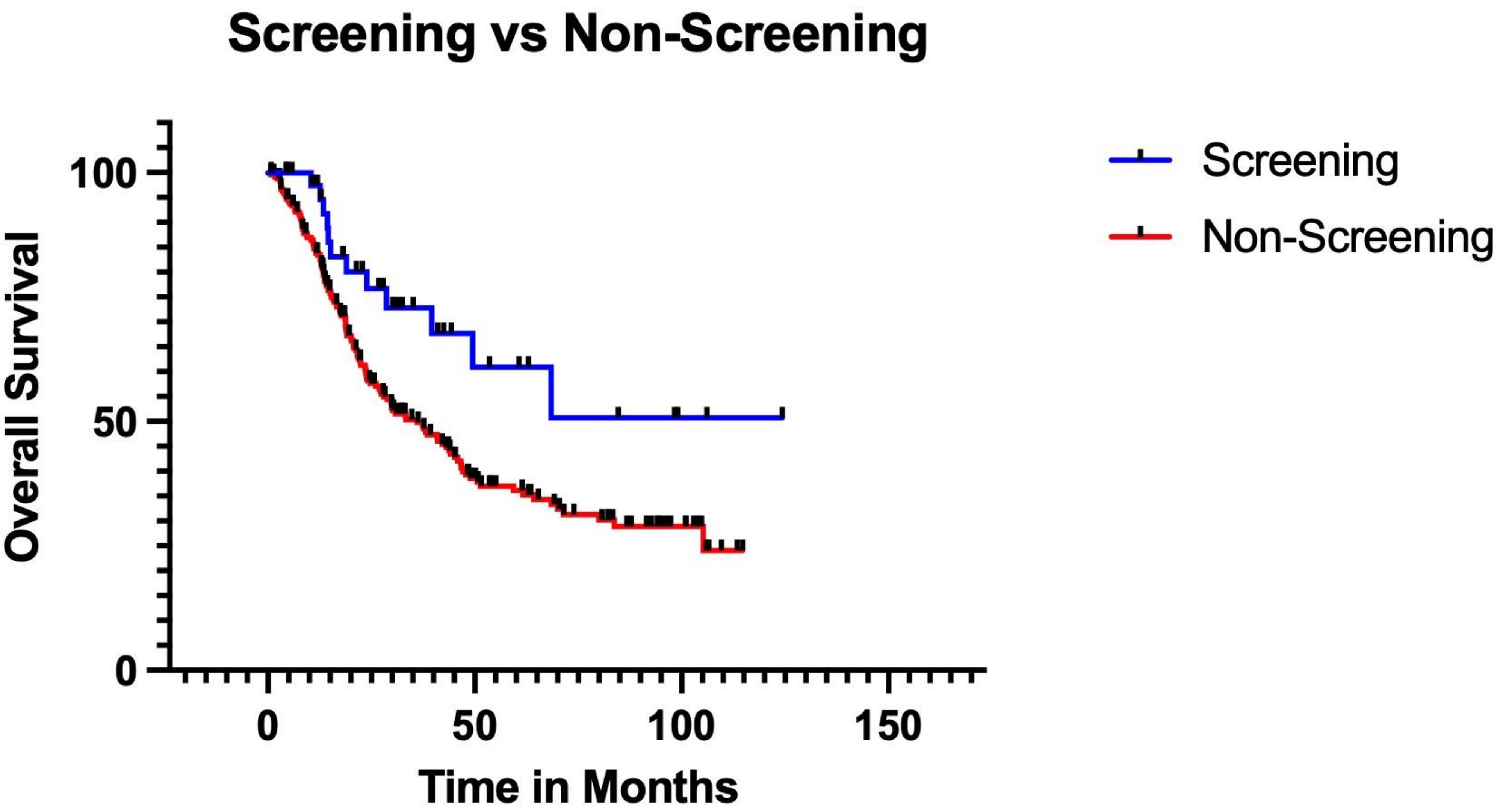
METHODS

- A retrospective chart review was conducted on a database of patients diagnosed with **lung cancer between 2015 and 2024** at the **University of Illinois Hospital (UIH)** and **MD Anderson Cancer Center (MDA)**.
- Data was collected on baseline **demographics**, date of initial diagnosis, disease **characteristics**, and **outcomes**.
- **Median Overall Survival (mOS)** was analyzed using the Kaplan-Meier method and two-sided Fisher's exact testing.

RESULTS

- From the UIH cohort, 45 patients were diagnosed with LS-SCLC with **6 (13.3%)** of those diagnosed through the **comprehensive LCS** program.
- From the MDA cohort, 249 patients were diagnosed with LS-SCLC with **32 (12.9%)** of those diagnosed through the **PCP USPSTF-based** program.
- When combining the **patients diagnosed through screening programs**, the **mOS was Not Reached** compared to **36.1 months** when diagnosed outside of screening programs (***p-value=0.0131***)

Institution	Patients with LS-SCLC	Screening Program
UIH	N=45	6 (13.3%)
MDA	N=249	32 (12.9%)



DISCUSSION AND CONCLUSION

In this **multi-center analysis** of patients diagnosed with LS-SCLC, **OS favors patients that are diagnosed through screening programs**.

Traditionally, SCLC is thought to **progress quickly** towards an extensive stage disease, where curability is more challenging and mortality increases. Our data suggests that **when SCLC is caught early through screening programs**, the **outcomes are improved**.

FUTURE STEPS

- **Expand screening programs** and **increase the cohort of patients identified through screening** for even longer, more robust survival analyses
- **Subgroup analyses** by race/ethnicity & molecular subtype (ASCL1-high, NEUROD1-high etc)
- **Comparative analyses** in patients diagnosed with extensive stage (ES) SCLC