

P3.341: Global Practice Patterns in the Management of Limited Stage Small Cell Lung Cancer

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Background

The SoC for LS-SCLC since the late 1990s has been 45Gy/30# BID with concurrent chemo. However, from 1999-2012 only 11% of 25,000+ patients in USA were treated with BID radiation, with most receiving 40Gy/15# or 60Gy/30#.

In the last 5-10 years, management of limited stage small cell lung cancer (LS-SCLC) has evolved, with new data in primary dose (both BID and daily) fractionation, adjuvant immunotherapy (IO) and the utility of prophylactic cranial irradiation (PCI).

Motivation

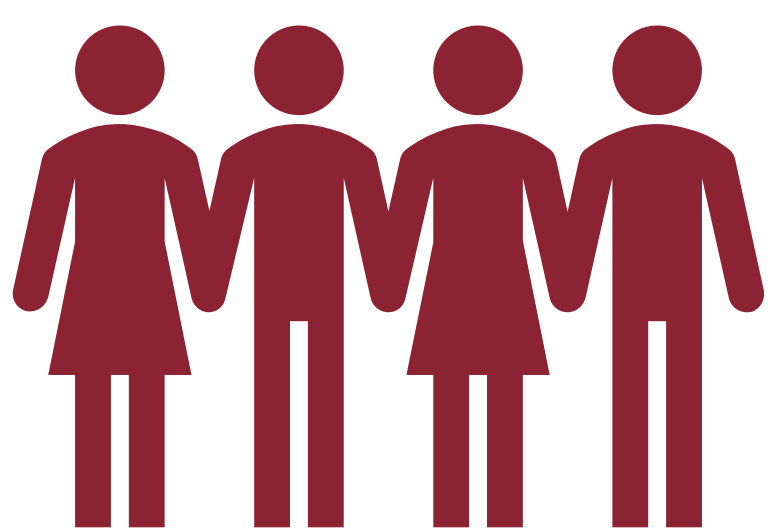
In the past, there has been multiple attempts of surveys to try and consolidate radiation oncology (RO) practice; however historically they have been local in scope and were completed prior to many of the recent publications.

The aim of this study was to characterize contemporary global LS-SCLC practice patterns.

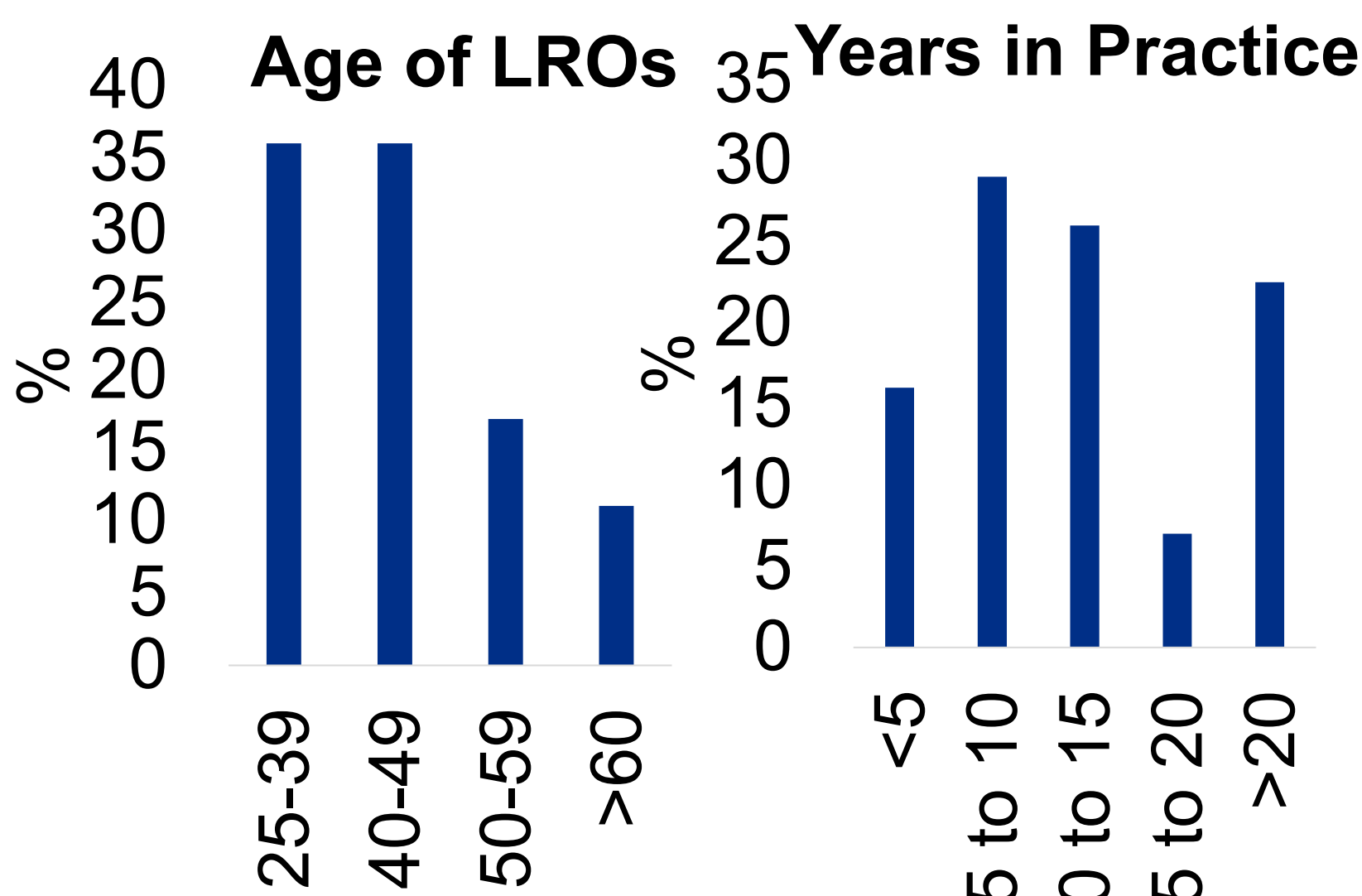
Materials & Methods

A 45-question online survey was developed to elicit lung radiation oncologist (LRO) demographics and their management of LS-SCLC. LROs within our institutions piloted the survey to optimize content validity and usability. The survey was then distributed through email and on social media to LROs worldwide. Data was collected anonymously and descriptive statistics were performed to analyze responses.

Population



N = 89, 16% MO
29 countries
76 institutions



Results

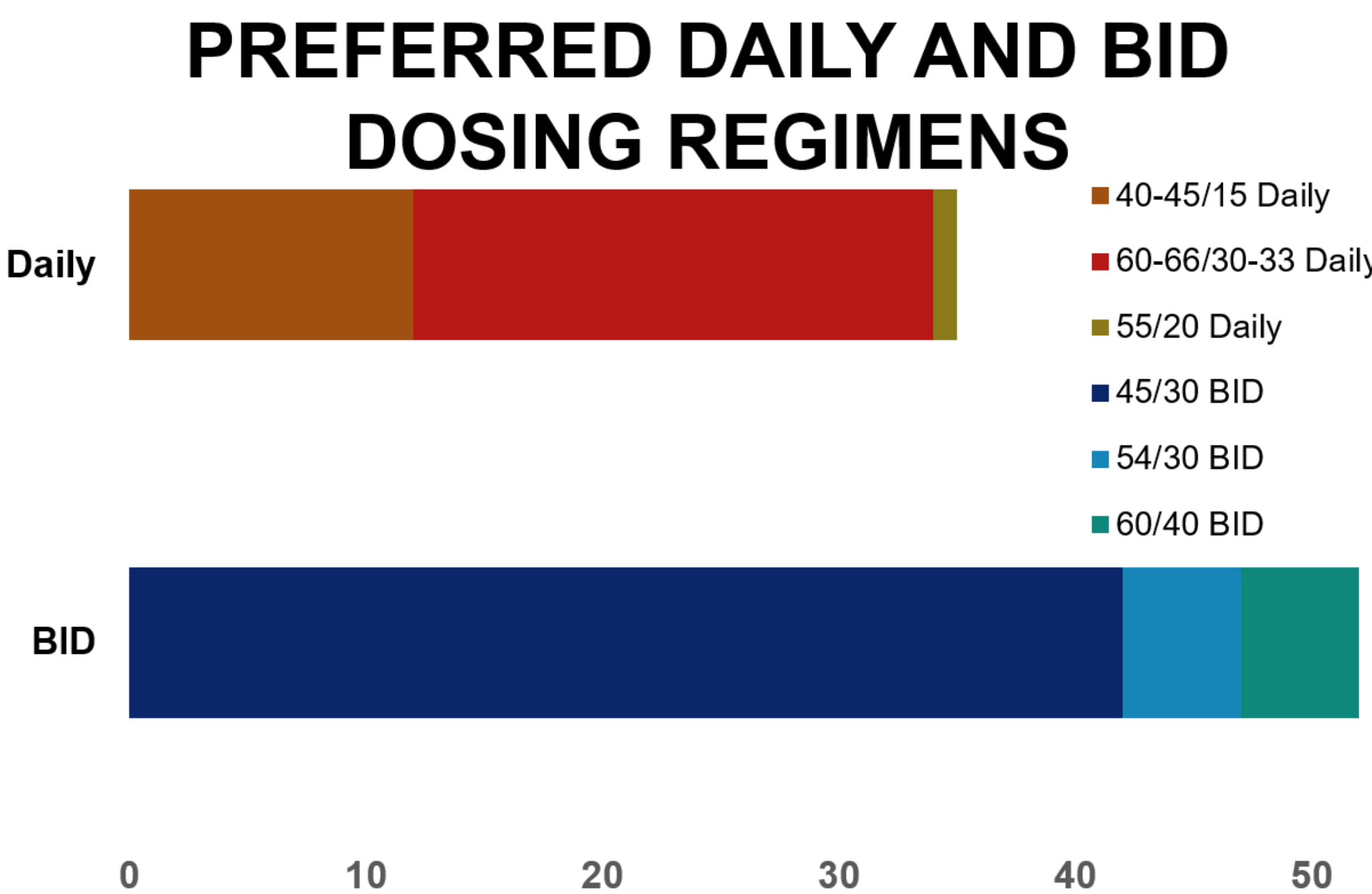


Fig 1. Global preferred fractionation and dosing patterns for LS-SCLC

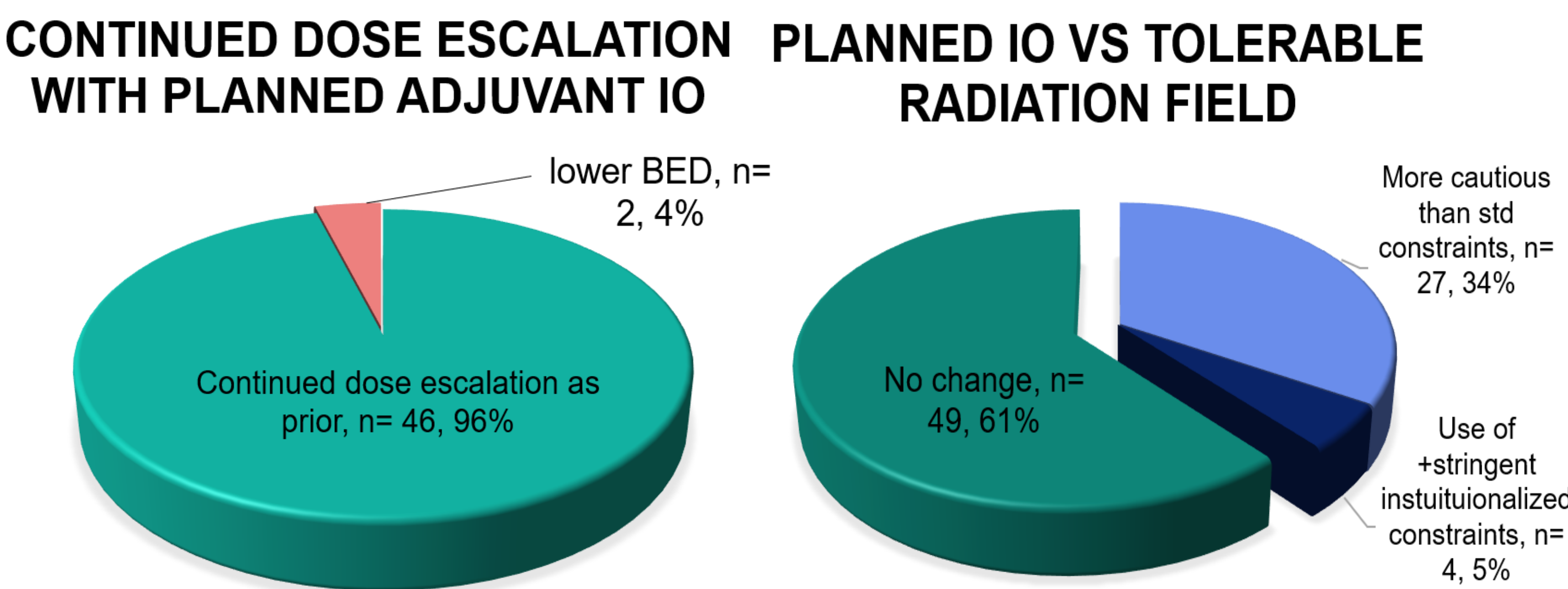


Fig 2 & 3. Post immunotherapy radiation considerations; dose escalation and plan evaluation

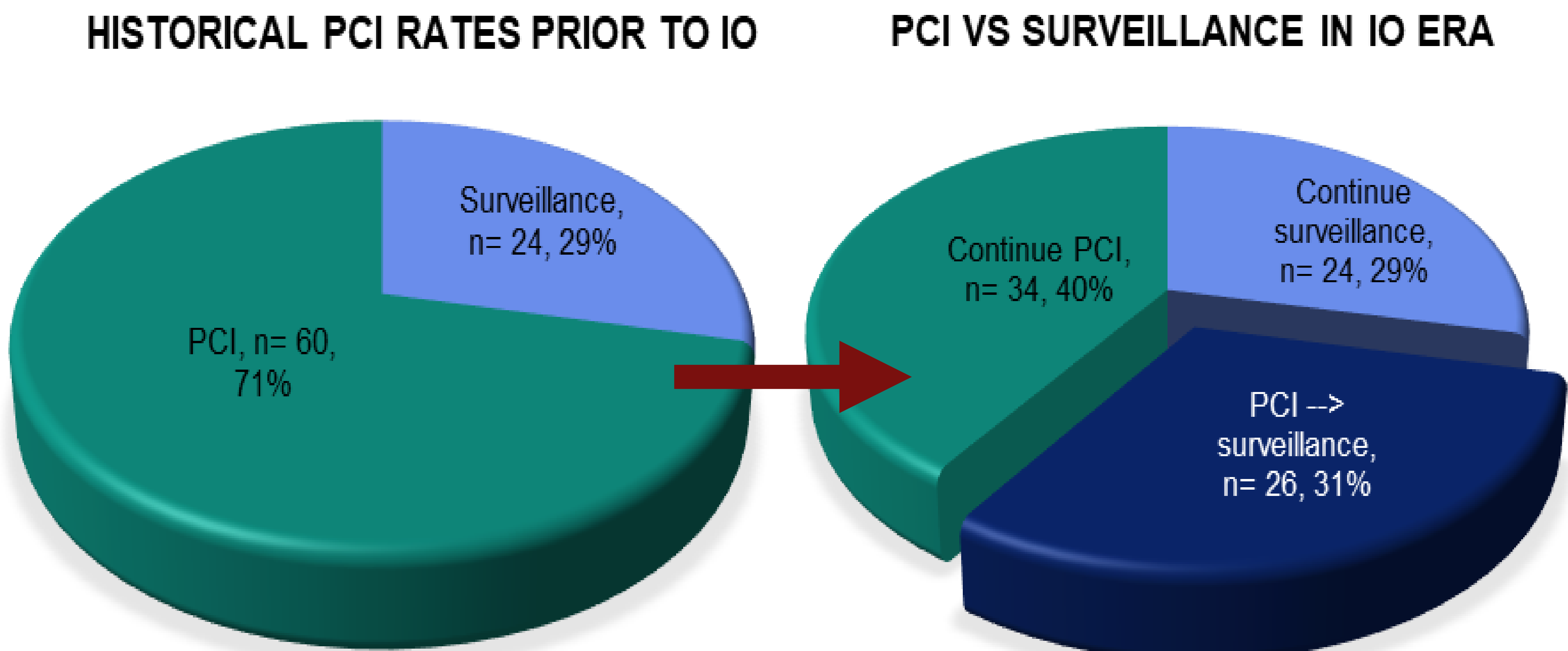


Fig 4. Rates of prophylactic cranial irradiation pre and post implementation of adjuvant immunotherapy

Conclusion

The results of this survey suggest considerable global differences in LS-SCLC management and highlight how RO practice, including PCI administration, is influenced by recent dosing trials and adjuvant IO. Future innovative clinical trials and international guidelines may be beneficial to standardize practice.

Oligometastatic SCLC

Q1: cT2N2M1 SCLC with 1-3 extrathoracic mets

- CRT + IO + SBRT to mets = 19%
- CRT + IO + SRS if ONLY intracranial mets = 11%
- ES-SCLC = 70%

Q2: 6mo MRI brain shows limited brain mets, ECOG 0

- SRS = 91%
- WBRT = 9%