

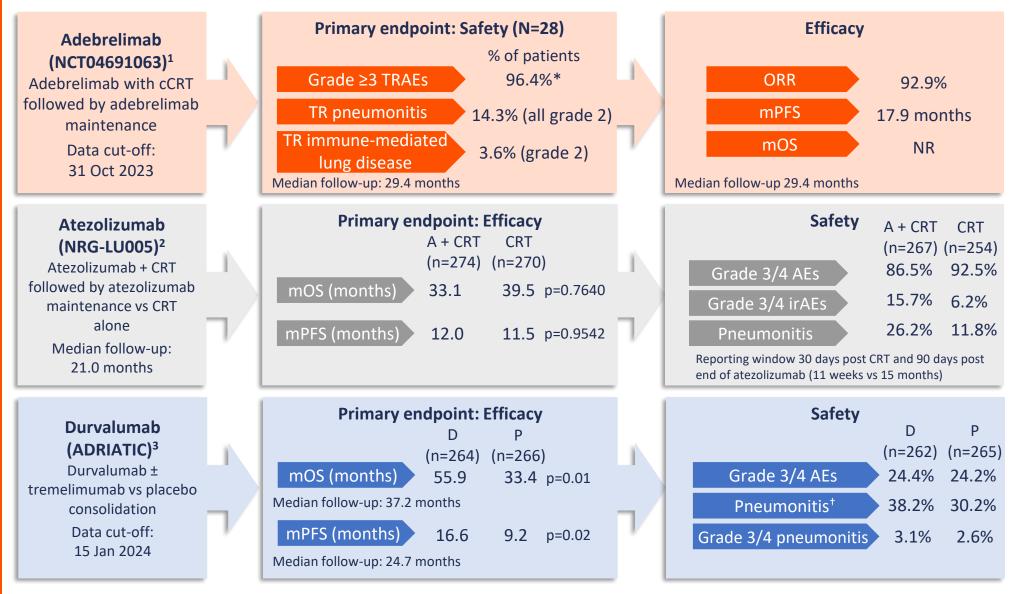
Where to next in limited-stage small cell lung cancer? The role of immune checkpoint inhibitors

Practice aid for LS-SCLC

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Practice aid for LS-SCLC

Efficacy and safety data for ICIs in LS-SCLC in phase III development



Direct comparisons between trials should not be made due to differences in trial design.

*All events with incidence of ≥10% were haematological toxicities; †refers to pneumonitis and radiation pneumonitis collectively.



Practice aid for LS-SCLC

Practical guidance for the application of ICIs in LS-SCLC

2025 NCCN guidelines for LS-SCLC⁴

Durvalumab is the preferred consolidation regimen for patients with LS-SCLC (Category 1 recommendation) Patients who do not experience disease progression after systemic therapy and concurrent RT may continue durvalumab until disease progression or unacceptable toxicity, or for a maximum of 24 months.

Distinguishing between IR-pneumonitis and RT-pneumonitis

Distinguishing between RT-pneumonitis and IR-pneumonitis is important,^{5–7} as the **pneumonitis aetiology has potential implications for directing clinical management**, including corticosteroid dose and the decision to restart or indefinitely discontinue ICI treatment.^{5,6}

Clinical considerations for CT imaging:



RT- and IR-pneumonitis often manifest as ground glass opacities and consolidations on CT imaging⁵



RT-pneumonitis is usually, but not always, contained within the portion of the radiation field^{6–8}



IR-pneumonitis tends to be **bilaterial**, **involving more lobes** of the lung, **with consolidations and opacities not specifically located within the radiation field**^{5–7}

Bronchoscopy with bronchoalveolar lavage is another diagnostic test to confirm pneumonitis aetiology⁸



Practice aid for LS-SCLC

Monitoring for and management of irAEs

Monitoring for irAEs

irAEs can occur at any point during or after cessation of treatment with ICIs, including beyond 12 months.⁹ Therefore, it is recommended that patients are closely monitored for 12 months following the final dose of immunotherapy.¹⁰

2022 ESMO Clinical Practice Guideline: Management of toxicities from immunotherapy¹¹

irAE management consists of four sequential steps:

- Diagnosis and grading
- Rule out differential diagnoses and pre-immunosuppression workup
- Selecting appropriate immunosuppression for grade 2 events
- Active evaluation at 72 hours to adapt treatment

2021 SITC clinical practice guideline on ICI-related AEs⁹

Grade 3/4 irAEs:

Grade 2 irAEs:

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iv





Abbreviations and references

Abbreviations

A, atezolizumab; AE, adverse event; cCRT, concurrent CRT; CRT, chemoradiotherapy; CT, computed tomography; D, durvalumab; ESMO, European Society for Medical Oncology; ICI, immune checkpoint inhibitor; IR, immune-related; LS-SCLC, limited-stage small cell lung cancer; m, median; NCCN, National Comprehensive Cancer Network; NR, not reached; ORR, objective response rate; OS, overall survival; P, placebo; PFS, progression-free survival; RT, radiotherapy; SITC, Society for Immunotherapy of Cancer; TR, treatment-related.

References

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The guidance provided by this practice aid is not intended to directly influence patient care. Clinicians should always evaluate their patients' conditions and potential contraindications and review any relevant manufacturer product information or recommendations of other authorities prior to consideration of procedures, medications or other courses of diagnosis or therapy included here.

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