

Transcript Details

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<https://reachmd.com/programs/closing-gaps-nsclc/a-practical-perspective-on-aggressive-disease-management-in-nsclc/10291/>

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A Practical Perspective on Aggressive Disease Management in NSCLC

Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Birnholz:

From the ReachMD studios in Fort Washington, Pennsylvania, I'm Dr. Matt Birnholz. On this episode, we caught up with Dr. Everett Vokes, Professor of Medical Oncology at the University of Chicago, who shared his perspectives on aggressive disease management for Non-small Cell Lung Cancer. Here's what he shared with us from his Chicago office.

Dr. Vokes:

Well, I think aggressive treatment is an interesting term. I might rather call it intensive. And to me, that is really the border between early-stage, which doesn't usually require intensive treatment—it requires definitive treatment, surgery whenever possible or stereotactic radiotherapy—but in the middle, between stage IV, which we treat to prolong life but not usually with an expectation of cure, and early-stage, which we do want to cure, stage I and II, but you've got stage III, particularly IIIA unresectable, or IIIB, where I think intensive therapy comes in, and that, these days, should be concurrent chemoradiotherapy.

So, that is where I see this more kind of intensive treatment coming in. When we have a chance of cure, we do want to try and provide the patient with that, but for stage III, it does require combined modality therapy, so intensive coordination between specialties, monitoring of the patient, administration of supportive care.

Dr. Birnholz:

You just heard from Dr. Everett Vokes on his rationale behind aggressive disease management for Non-small Cell Lung Cancer. From the studios at ReachMD, I'm Dr. Matt Birnholz, inviting you to be part of the knowledge.

Announcer:

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