

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/combination-to-combat-second-line-therapy-options-for-nsclc/10287/>

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Combination to Combat: Second Line Therapy Options for NSCLC

Announcer:

This is ReachMD, and you're listening to *Closing the Gaps in NSCLC*, sponsored by Lilly. On this episode, titled *Exploring Combined Chemoimmunotherapy*, we will hear from Dr. Howard Jack West from the Swedish Cancer Institute.

Dr. West:

If there is a downside to a combined chemoimmunotherapy approach, it's that you've now compressed 2 lines of therapy into 1, and this leaves fewer options to consider for once the patient has progressed on chemoimmunotherapy. Specifically, I would now say that the only evidence-based approach that has a proven survival benefit is docetaxel with or without ramucirumab, and so this is my leading approach outside of a clinical trial setting. Docetaxel, we've known about the data to support it for nearly 20 years, and it still holds fast as a treatment option with a couple of months' survival benefit for a broad range of patients, and ramucirumab can add a modest survival benefit to that. I would say that I have more patients in the wake of chemoimmunotherapy becoming a standard of care as first line who are progressing and still have a very good performance status, and now I'm more inclined to use a combination of docetaxel with ramucirumab than I was previously. I always considered the combination an option but was less inclined to favor that for patients with a more marginal performance status, but with patients going through chemoimmunotherapy and having exhausted more options and often still having a very good performance status, I'm more inclined to favor a combination of docetaxel/ramucirumab now than I was 1 or 2 years ago.

Announcer:

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