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Individualized Care in Advanced NSCLC: Putting the Patient First

ReachMD Announcer:

You're listening to ReachMD. This medical industry feature, titled "Individualized Care in Advanced NSCLC: Putting the Patient First," is sponsored by Regeneron and is intended for U.S. physicians.

Here's your host, Dr. Charles Turck.

Dr. Turck:

The treatment landscape for advanced non-small cell lung cancer is evolving.¹ And with so many options, how can we help to determine the best path forward for our patients?

This is ReachMD, and I'm Dr. Charles Turck. This program is sponsored by Regeneron. Joining me today to discuss strategies for individualized treatment selection in advanced non-small cell lung cancer is Dr. Raj Veluswamy.

He's a board-certified medical oncologist who specializes in the treatment of lung cancer and other thoracic malignancies. He is also a paid consultant for Regeneron.

Dr. Turck:

Dr. Veluswamy, welcome to the program.

Dr. Veluswamy:

Thank you. It's great to be here.

Dr. Turck:

Well, to start us off, Dr. Veluswamy, how have the available treatment options for advanced non-small cell lung cancer evolved over the last decade?

Dr. Veluswamy:

Yeah. So, we've seen tremendous shifts in the treatment for advanced non-small cell lung cancer, and this is primarily due to our growing understanding of cancer-driving mutations and biomarkers, as well as the tumor interaction with the immune system.²

Previously, systemic treatment options for patients were mostly limited to chemotherapy.³ But now, we've identified numerous, actionable mutations specific to different subtypes of lung cancer, which we sometimes call "oncogene-driven" lung cancers.¹ We're continuing to find new drivers and biomarkers that we can target with precision medicines to treat these lung cancer subtypes with great specificity.^{2,4}

And for those lung cancers that are non-oncogene-driven, our evolving insight into the immune evasion has led in to the development of additional therapeutic options, such as immune checkpoint inhibitors and immunotherapies, which can help redirect the immune system to target and eliminate tumor cells.^{2,4}

So while chemotherapy was at the forefront of non-small cell lung cancer treatment for several decades, we now have a combination of enhanced diagnostic technologies plus more therapeutic options that may allow for better and more tailored treatment selection based on the patient's individual case.^{1,3}

Dr. Turck:

Given how many new treatments and additional data on existing treatments have come out in recent years,² how do you keep up with the latest advancements?

Dr. Veluswamy:

Yeah so, keeping up with the latest advancements is always a priority, and there's a vast universe of different sources of information, so we each have to figure out what works best for our educational and patient care needs. Personally, I still rely heavily on print and online journals, but I also appreciate readily available shorter form information like e-newsletter and infographics from reputable online sources.

In addition, we all have the opportunity to learn from our peers. I often pick up the phone to call a colleague and ask for advice on a difficult case, and so many of my peers will then just forward over key publications through email or social media.

Dr. Turck:

For those just tuning in, you're listening to ReachMD. I'm Dr. Charles Turck, and today I'm speaking with Dr. Raj Veluswamy about individualizing care for advanced non-small cell lung cancer patients. This program is sponsored by Regeneron.

So now that we've taken a look at the treatment landscape, let's shift our focus to how multidisciplinary teams can play a role in making treatment decisions.

Dr. Veluswamy, can you explain how consulting with your multidisciplinary team has helped guide you when making treatment decisions for patients with advanced non-small cell lung cancer?

Dr. Veluswamy:

Yeah, of course. Advanced non-small cell lung cancer can be complex to treat because there's so many different histologic types, and each patient's presentation is unique.⁵

So it's important to consult with the experts from many specialties that make up the multidisciplinary team—and these include a pathologists, radiologists, radiation oncologists, medical oncologists, and thoracic surgeons—to ensure we consider all appropriate treatment options for each patient.⁶

So for example, tumor boards are well suited for this task because you can get all of the specialists together to assess treatment options for particular cases.⁶ This is important not just because of the vast number of treatment options available, but also because our specialties can limit our understanding of what may be the best treatment plan for each patient. Everyone has a different perspective.⁷

Additionally, we look at treatment guidelines, they're not cookie-cutter concepts that we can apply to all patients; we have to extrapolate the relevant parts of those guidelines and figure out how to apply them to each case.

To help find appropriate options for patients, we need to take into account not just the treatment data, but also the patient's comorbidities, general health, goals, and ability to comply with treatments.^{5,8} This is where input from colleagues from different specialties can be invaluable—in measuring the burden associated with each treatment and weighing against patient treatment goals.⁸

Dr. Turck:

And when it comes to involving patients in treatment decisions, what strategies do you use to facilitate shared decision-making?

Dr. Veluswamy:

Well, two-way communication is key. If we don't truly listen to our patients and understand their priorities, we may take them down a treatment path that's not the best fit for their needs. And so, we have a responsibility to foster an open dialogue with patients and involve them in the decision-making process.⁸

For patients with advanced non-small cell lung cancer, their oncologists often become like a new primary care provider. Their cancer diagnosis is typically the most pressing health concern, and so they rely on us to understand what may help and then also to communicate that information to them and to other specialists that become part of their care team. Patients' lives don't stop because of their diagnosis, and they count on us to help them find a path forward that is tailored to their needs. We can only do that by actively listening to their needs.

Dr. Turck:

And as we approach the end of our program, Dr. Veluswamy, do you have any final thoughts on treating patients with advanced non-small cell lung cancer?

Dr. Veluswamy:

Yes. I'd like to stress the importance of open communication.⁷ Throughout the patient's treatment, it's very important to have ongoing

communication with them and consistently reassess how they're feeling. Oncologists get very personal with our patients and know them very well—we're figuratively walking with them through this cancer journey.

And with so many new treatment options, and potentially even more on the horizon, we have to prioritize patients' overall wellbeing.² That's why understanding how they're feeling along each step in their treatment journey is essential to providing each patient with individualized care.

Dr. Turk:

That's a great insight to round out our discussion. And I want to thank my guest, Dr. Raj Veluswamy, for helping us better understand how to individualize care for patients with advanced non-small cell lung cancer. Dr. Veluswamy, it was great speaking with you today.

Dr. Veluswamy:

My pleasure. Thanks so much for having me.

ReachMD Announcer:

This program was sponsored by Regeneron. If you missed any part of this discussion, visit Industry Features on ReachMD.com, where you can Be Part of the Knowledge.

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