

Transcript Details

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Patient Counseling Strategies in NSCLC: Setting Expectations & Managing Adverse Effects

Announcer:

You're listening to ReachMD, and this episode of *Project Oncology* is sponsored by Lilly.
Here's your host, Dr. Charles Turck.

Dr. Turck:

Targeted therapies have played a key role in the evolution of the non-small cell lung cancer treatment landscape. But just like any other treatment option, they come with potential adverse effects. And as patients prepare to begin treatment, we as clinicians are in the best place to provide guidance and prepare our patients for what to expect. So, what are some tried and true counseling strategies that may help our patients throughout their treatment experience?

Welcome to *Project Oncology* on ReachMD. I'm Dr. Charles Turck. And here with me today is oncologist Dr. Christine Bestvina, who's an Assistant Professor of Medicine in the Section of Hematology and Oncology at University of Chicago Medicine. Dr. Bestvina, welcome to the program.

Dr. Bestvina:

Thank you so much for having me, Dr. Turck.

Dr. Turck:

So, Dr. Bestvina, why don't we begin by looking at which adverse events can result from non-small cell lung cancer treatments? What are some of the most common ones that we see?

Dr. Bestvina:

So, when I think about the treatment of non-small cell lung cancer, I divide my systemic therapies into number one chemotherapy, number two immunotherapy, and number three targeted therapies. And it's important to counsel patients that each of these categories has its own potential list of side effects and adverse events that we want to look at.

For this question, right now, I'll concentrate on some of the adverse events that we see with immunotherapy. And so, with immunotherapy, our concern is always of immune-related adverse events. And some of the most common ones that we see include colitis or diarrhea, pneumonitis, hepatitis, thyroiditis, or hypothyroidism, including skin toxicity, whether it be rash or pruritus. And it's important to counsel patients that they also can have ambiguous side effects that they just can't put their finger on. And if they are experiencing anything that just doesn't feel quite right, we do want them to give us a call so that we can perform the appropriate workup.

Dr. Turck:

And in your experience, Dr. Bestvina, what expectations do patients typically have when it comes to the adverse events they may encounter while receiving treatment?

Dr. Bestvina:

I do think this is why it's important to counsel patients on what different immune-related adverse events can occur while on immunotherapy. I think sometimes patients have the perception that with immunotherapy, they're going to sail through and have no side effects, it's the chemo-sparing option. And not that this isn't true for many of our patients, but I think, unfortunately, sometimes patients can be caught off guard if they do have one of these IRAEs. And so again, I think it's just important to counsel patients that there is a possibility of having not only an adverse event but potentially a serious one that requires intervention with steroids.

Dr. Turck:

So, with that being said what do you feel are the best ways to prepare your patients with non-small cell lung cancer for the side effects they may experience? Are there any particular strategies that you employ?

Dr. Bestvina:

Usually, I'll counsel my patients on some of the most common IRAEs that we see with immunotherapy for non-small cell lung cancer. But again, I think the take-home message that I want all of them to leave with is that if they just aren't feeling quite right, or they're not themselves, their spouse is observing something different than what they would typically expect, it's really important to give us a call so that we can help them with the appropriate workup. Particularly, it's important that they don't just go to a local emergency department where potentially providers aren't as familiar with some of the side effects of immunotherapy.

Dr. Turck:

For those just tuning in, you're listening to *Project Oncology* on ReachMD. I'm Dr. Charles Turck. And today I'm speaking with Dr. Christine Bestvina about counseling strategies we can use to help our non-small cell lung cancer patients cope with adverse events.

So, Dr. Bestvina, once a patient begins to experience an adverse event, what are some specific communication strategies you've found to be effective in helping them manage it?

Dr. Bestvina:

When a patient is experiencing an adverse event, and for this question, I'll focus on some of our adverse events related to targeted therapies or tyrosine kinase inhibitors. I think one of the most important things is making sure that we have a follow-up plan. And this is where both of my physician's assistants are so crucial in helping manage patients and helping make sure that their toxicity is as minimal as possible. Let's take, for example, a patient who has bad diarrhea with a tyrosine kinase inhibitor, which is something we've seen historically with afatinib, something we're seeing with some of the newer TKIs that are coming out including mobocertinib. For me, it's really important that the patient has contact with somebody from my team, whether it be my nurse or one of my PAs at least twice weekly so that we can get on top of the diarrhea and prevent situations of dehydration.

Dr. Turck:

And on the flip side, are there any counseling strategies you've used in the past that weren't as helpful as you initially expected them to be?

Dr. Bestvina:

I think side effect management is something that I've learned to take an offensive as opposed to a defensive strategy. So continuing with this diarrhea example, I think historically, we may have told the patients they might need some Imodium, give us a call if that isn't working. Recently, I've taken kind of a much more aggressive approach to side effect management. If we're starting a drug that has unknown diarrhea toxicity of 30 percent or higher having a grade two or higher rate of diarrhea, typically, I'll go ahead and give the patients both Imodium and Lomotil as they start taking the drug. And coach them to kind of expect this side effect. I think is really important and allowing the patients to feel empowered and take hold of the management of some of these side effects. But also, I think it helps lessen the stress when these physical side effects happen.

Dr. Turck:

And as we round out this discussion, Dr. Bestvina, let me open up the floor to you for the final word. Are there any other takeaways or lessons learned that you'd like to pass along to our listeners?

Dr. Bestvina:

I think the takeaway message as we look at some of these new toxicities that we're all having to manage between immunotherapies as well as targeted therapies. Some of my take-homes are, A, don't be afraid to phone a friend. I've been fortunate enough at University of Chicago to have several consultants in the different departments, including endocrinology, dermatology, hepatology where I can really lean on these consultants to help me manage some of the more complicated toxicities. I think this is where having a collaborative team approach is really quite important. And something that allows us to really take the best care of the patients and again, be as aggressive as possible and managing some of the side effects. I think the other thing that we're learning as we expand our arsenal of new tyrosine kinase inhibitors that we're using in non-small cell lung cancer, is that the ability to be kind of flexible and to listen to patients, to watch the labs closely for things like LFT elevations, I think just being very vigilant as we gain new experience with these new drugs that are fortunately opening up new worlds of possibilities for our patients but do require a little bit more oversight than potentially we may have historically provided. It's also challenging when you have TKIs, let's say for RET, where only 1 to 2 percent of patients with non-small cell lung cancer may have this mutation or fusion. It's tough to gain enough experience with the drug to know exactly what you should be looking for all the time. I do think it will open up challenges for providers as we have to be facile with an increasing number of drugs.

Dr. Turck:

Well, these insights will no doubt be very helpful for those who care for patients with non-small cell lung cancer. And with that, I want to thank Dr. Christine Bestvina for joining me to discuss counseling strategies and how we can help our patients cope with adverse events.

Dr. Bestvina, it was great having you on the program.

Dr. Bestvina:

Thank you so much for having me, Dr. Turck.

Announcer:

This program was sponsored by Lilly. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com-slash-ProjectOncology where you can Be Part of the Knowledge. Thanks for listening.