

Comprehensive Quality Care for Patients with Small Cell Lung Cancer

Effective Practice Case Study

Small cell lung cancer is a very aggressive form of lung cancer. It is crucial to diagnose and medically intervene as soon as possible. While treating the disease, it is also important to holistically address the needs of people diagnosed with small cell lung cancer. Cancer programs should review processes and services to ensure comprehensive quality care is provided to all patients with small cell lung cancer.

Care components include, but are not limited to:

- Early diagnosis
- Timely treatment initiation
- Navigation
- Patient education
- Shared decision-making
- Supportive care services
- Clinical trials

Multidisciplinary care coordination and communication is the clinical hub for comprehensive quality care delivery. The Association of Community Cancer Centers (ACCC) conducted interviews with programs and providers to spotlight these different components and steps programs can take to offer similar services.

As a culmination of these spotlights, ACCC worked with **Adam Fox, MD MS, pulmonologist, Claudia Miller, BSN, RN, OCN, ONN-CG, lung cancer nurse navigator, and Christopher Rangel, MD, oncologist, from the Medical University of South Carolina** to develop a multidisciplinary small cell lung cancer case study, which touches on many quality care components.

The case study* can be used, expanded, and adapted for tumor board presentations, grand rounds, individual learning, or other multidisciplinary provider educational opportunities.

Case

A 66-year-old woman with COPD presents for concerning findings on a lung cancer screening CT. She is enrolled in a lung cancer screening program and has had annual low-dose CT chest examinations annually for the past 3 years, with the only notable finding being upper lobe predominant emphysema. She currently uses tobacco and smokes a 1/2 pack a day.

Her most recent screening revealed bulky bilateral mediastinal adenopathy/hilar mass with compression of the superior vena cava. She does note some increased shortness of breath, swelling in her right arm, and mild facial swelling for the last couple of weeks. She noted it was not interrupting her activities of daily living. A CT scan and accompanying information is discussed by a multidisciplinary team which reviews high-risk lung cancer screening findings. The team concurs she needs to be seen quickly, within the week or sooner, given their concern for potential small cell lung cancer.

Questions

1. Based on this information, what are some initial potential red flags identifying that this individual may have small cell lung cancer?

- The patient has no previous concerning or nodular findings on past CT scans, and the timeframe of development is less consistent with non-small cell lung cancer. Small cell lung cancer can appear more quickly—even between annual lung cancer screening scans.
- The patient currently uses tobacco. Smoking status does not indicate histology, but there is a close association between a history of tobacco abuse and small cell lung cancer. Only 1% to 2% of people diagnosed with small cell lung cancer do not have a history of tobacco use.
- Central location of mass on CT scan. While also not definitive, most small cell cancers are centrally located. Further, for small cell lung cancer the primary mass can sometimes be indistinguishable from mediastinal lymph nodes.
- Pulmonary symptoms such as dyspnea and cough are common for people with metastatic lung cancer of any variety.

2. Given the potential for small cell lung cancer, what can the team do to facilitate a quick diagnosis?

- Communicate with the patient about why it is important to be seen quickly, while also balancing information provided prior to diagnosis.
- Communicate with other members of the health care team, such as proceduralists, schedulers, and oncology navigators, when small cell lung cancer is suspected or newly confirmed and convey that the evaluation is urgent.
- The nurse navigator can expedite imaging and biopsy for diagnosis and staging, work with pathology to render a diagnosis, educate the patient on the differences between non-small cell and small cell lung cancers, and work to coordinate appointments with the appropriate treating providers.
- The pulmonologists and other proceduralists may pre-schedule or move non-urgent cases to expedite the process. Bronchoscopy with endobronchial ultrasound can often provide tissue to confirm information about diagnosis and stage in a timely manner, given the propensity of small cell lung cancer to involve central locations and involve mediastinal lymph nodes.

Case Continued

A bronchoscopy with endobronchial ultrasound and transbronchial needle aspiration is performed. Rapid onsite evaluation confirms a positive result for small cell lung cancer. The same day, the nurse navigator starts arranging MRI brain and PET scans to help complete staging.

While additional diagnostic tests are performed, pathology does a full review to help differentiate the different kinds of neuroendocrine tumors that might be in the differential for a small cell lung cancer, and small cell lung cancer is confirmed. The nurse navigator also schedules the patient's appointment to see the oncologist within several days after pathology is finalized.

Questions

3. Since patient education materials are typically more tailored to non-small cell lung cancer, how can the team help educate the patient about small cell lung cancer?

- Explain that lung cancer has two groups—non-small cell and small cell. Non-small cell lung cancer is more common therefore the patient may come across more information about non-small cell. Small cell lung cancer is different from non-small cell. Small cell lung cancer can grow and spread more quickly.
- Patients will not have some of the same tests (eg, biomarker testing) that patients with non-small cell lung cancer will.
- There are two important categories of stage for small cell lung cancer: limited stage and extensive stage.
- In most instances, treatment will not include surgery. Typically, treatment will consist of chemotherapy with either radiation or immunotherapy, based on stage.
- Since small cell lung cancer grows quickly, it is important to begin treatment shortly after the diagnosis.
- For people with small cell lung cancer, in many instances chemotherapy will help improve the symptoms they are experiencing, even with the side effects of chemotherapy that they may or may not experience.
- If the patient is going to be treated in the outpatient setting for the first cycle of therapy, it is important to educate them and their caregivers about signs and symptoms of oncologic emergencies.

4. When the oncologist meets with the patient, what are some key considerations for the oncologist?

- Is the patient in respiratory distress? *A lot of people with small cell lung cancers with a large central mass and lymphadenopathy may either have respiratory distress due to blockages of their airways, or Superior vena cava syndrome (SVCS) syndrome if they have compression of the vasculature.*
- What is the patient's performance status? *Is this the patient's baseline performance status or is it potentially impaired due to cancer?*
- Is the patient currently using tobacco? *If yes, connect them with tobacco cessation help and support.*
- Does the patient have any neurologic signs and symptoms, which could be related to brain metastases? *It is important to have this information to inform the timing of treatments.*
- Does the patient have any autoimmune conditions or on any immunosuppression drugs? *In the age of immunotherapy for lung cancer, it is important to know if there may be something that would prevent or complicate the use of immunotherapy.*
- Is the oncologist practicing shared decision-making? *The patient's values and preferences should be understood and incorporated to then reach a shared decision between the patient and the provider for treatment.*
- If the patient is a candidate for systemic therapy, is it safe to start treatment in the outpatient setting or does inpatient need to be considered? *There can be some barriers to quickly starting treatment in in the outpatient setting. Some examples include getting insurance approval or getting infusion time. The most common initial treatment for extensive stage small cell lung cancer is given 3 days in a row. Many infusion centers do not administer infusions of chemotherapy over the weekend—so finding a way to start treatment quickly and ensure patient safety is important.*

5. To support the patient and their caregivers throughout the treatment process, what other strategies can the multidisciplinary team use?

- Refer the patient to palliative care early. Many patients experience anxiety, depression, and other issues related to their small cell lung cancer diagnosis. It can be helpful to talk about palliative care with doctors who are trained to focus on symptoms. They are the experts in symptom management and control—whether that is nausea, constipation, anxiety, trouble breathing or any other symptoms a patient may be experiencing. Seeing a palliative care doctor does not mean that the patient will not receive treatment, but that doctor is one more person on their care team here to help them and their caregivers.
- Use validated screening tools (eg, distress, malnutrition, financial toxicity) to identify further areas where referrals and/or interventions may be needed.
- Educate the patient and their caregivers about all support services that are available to them. This could include social work, financial assistance, transportation assistance, counseling, and more.

Parting Thoughts

While a diagnosis of small cell lung cancer is daunting, it is important for all members of the care team—physicians, pathologists, nurses, schedulers, administrators—to be aware of the aggressive nature of small cell lung cancer and why timely diagnosis and treatment initiation is a must. When suspected, a diagnosis should be obtained within days-to-weeks, not weeks-to-months.

As a starting point, multidisciplinary teams should review available internal data on time-to-diagnosis and time-to-treatment initiation. Then, review the workflow—what is working well, what are the bottle necks, and how can your team work together whether with referring providers or internally to decrease delays and ultimately improve quality of care for people with small cell lung cancer.

* This case was not intended to encompass all care considerations for small cell lung cancer but to highlight some of the important considerations regarding the diagnosis.



Association of Community Cancer Centers

A publication from the ACCC education program, “Comprehensive Quality Care for Patients with Small Cell Lung Cancer.” Learn more at acc-cancer.org/comprehensive-sclc-care.

The Association of Community Cancer Centers (ACCC) provides education and advocacy for the cancer care community. For more information, visit acc-cancer.org.

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