CANCER EDUCATION DAY

Discharge – Oncologist to Primary Care Provider

Dr. Abdullah Nasser

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OUTSTANDING CARE – NO EXCEPTIONS!

Disclosures

- Advisory board: Novartis, Knight therapeutics, SteriMax
- Honoraria and research grants: AstraZeneca

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Discharge scenarios

- Stage I-II NSCLC post SBRT
- Stage I-III NSCLC post resection
- Stage III NSCLC post chemoradiation
- LS-SCLC post chemoradiation
- Unlikely to have stage IV NSCLC or ES-SCLC

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Recurrence: NSCLC

- The risk of recurrence in NSCLC is heavily dependent on the stage at diagnosis. Early-stage (I-II) NSCLC patients who undergo surgical resection have a significant risk of recurrence, often within the first 2-3 years post-surgery. Studies indicate that up to 30-50% of these patients may experience recurrence.

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Recurrence: SCLC

- SCLC is known for its aggressive nature and high recurrence rates.
- Even after a complete response to initial therapy, most patients experience recurrence within a year.
- Limited-stage SCLC treated with chemoradiation has a recurrence rate of around 70% within two years, whereas extensive-stage SCLC often recurs even sooner.

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Guidelines

- Based on CCO's "Follow-up and Surveillance of Curatively Treated Lung Cancer Patients"
  - Version: 2, Feb 2024

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Guidelines

- Patients should undergo surveillance imaging for recurrence every six months for two years.
- Patients should undergo surveillance imaging for detection of new primary lung cancers annually after the first two years.
- Clinicians should use a diagnostic or low-dose chest computed tomography (CT) that includes the adrenals, without contrast (preferred) or with contrast (when indicated) when conducting surveillance for recurrence during the first two years post treatment.

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Guidelines

- Surveillance imaging may be omitted in patients who are clinically unsuitable for or unwilling to accept further treatment. Age should not preclude surveillance imaging. Consideration of overall health status, chronic medical conditions, and patient preferences is recommended.

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Guidelines: not to do

- For patients with stage I-III NSCLC, clinicians should not perform routine brain surveillance for recurrence with either magnetic resonance imaging (MRI) or CT in patients who have undergone curative-intent treatment.
- Clinicians should not use circulating biomarkers as a surveillance strategy for detection of recurrence in patients who have undergone curative-intent treatment of stage I-III NSCLC or SCLC.

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Long-term issues

- Long-term systemic therapy effects:
  - Hearing loss
  - Neuropathies
  - Renal impairment
  - Delayed immune-related adverse events
  - Cumulative toxicities from ongoing therapy with tyrosine kinase inhibitors
- Long-term radiation effects:
  - Breathing complications
  - Breathlessness/dyspnea
- Long-term post-surgical effects:
  - Empyema
  - Oxygen dependence
  - Post-thoracotomy pain syndrome
  - Reduced exercise tolerance or activity limitations
  - Shortness of breath

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Smoking

- Continued smoking after treatment significantly increases the risk of recurrence in both NSCLC and SCLC patients.
- Smoking cessation counseling is advised for patients who have completed curative-intent therapy for NSCLC and SCLC. While verbal advice from a healthcare professional is beneficial, it is recommended to supplement it with behavioral and pharmacotherapy support.

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Vaccines

- Adult lung cancer patients who have undergone curative-intent treatment should follow vaccination guidelines as recommended by the Government of Canada. This includes adhering to the influenza and pneumococcal vaccination schedules for individuals with chronic diseases, such as cancer, or for those who are immunocompromised
- Enrolling in an exercise or rehabilitation program is recommended.

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A quick word about MDT clinic

- Multidisciplinary team clinics are currently being trialed at WRCC
- Lung cancer patients meet members of the radiation oncology and medical oncology teams in the same visit, plan coordinated and communicated to patient
- Currently in second phase, pending expansion to more teams and disease sites
- Anticipated to expedite access for patients and streamline their oncologic care

Question & Answer