



**Evening Medical Update: Cough**  
**Tuesday 24 March 2020**

**Advances in lung cancer including immunotherapy – Professor Marianne Nicolson**

**As a GIM/Acute physician, how can one keep up with this vastly expanding therapeutic field?**

I agree the field moves fast! The best way to keep up is through RCPE updates (of course!), with the more regular method to question your oncologist at your weekly MDT meetings; otherwise membership of the IASLC and reading the associated monthly JTO journal is most helpful. The annual World Lung Cancer meeting is dedicated to updating clinicians of all disciplines and can be access online.

**From your experience, how effective are the tumour markers for lung cancer in terms of diagnostic strength?**

There really is no definite blood marked for lung cancer; in France some centres use CEA but it is not universally accepted that this marker is reliable enough.

**Is there potential for CAR-T cell therapy in lung cancer?**

Yes, this is being investigated but is at a very early stage of research in very specialised centres only.

**Someone with NSCLC new diagnosis with low PD-L1 receptor concentration. What will be the first line therapy?**

In a fit patient (PS0-1) with an advanced NSCLC and no drive mutation, in the UK the patient receive a combination platinum-based chemotherapy but where Atezolizumab is approved, that is a real option as it is effective independent of PD-L1 status.

**What is the dropout rate from trials in patients with triple therapy due to the side effects?**

Up to half of patients drop out from side-effects (or rarely due to the duration of therapy); for details it's best to review the individual publications. The HR for discontinuation was 1.29 (1,01-1.60) in the Meta-analysis in J Immunother Cancer 2019 6:155 (Zhou Y et al)

**Can immunotherapy be used in chronic renal failure?**

Yes, it can but clearly patients in the initial trials were selected for normal renal function.

**Can patient receive immunotherapy be given steroid outside the context of pneumonitis?**

Yes, but it is discouraged; it seems most important that they are not on steroids prior to commencing immunotherapy. If a patient needs steroids for brain metastases, for example, then IO is not contraindicated