Prospective Evaluation of Limited Stage Small Cell Lung Cancer (LS-SCLC) Fractionation Regimen Usage and Toxicity in a Large Statewide Quality Collaborative

Steven G. Allen, Aleksandar F. Dragovic, Huiying (Maggie) Yin, Alex K. Bryant, Peter A. Paximadis, Martha M. Matuszak, Matthew J. Schipper, Robert T. Dess, James A. Hayman, Michael M. Dominello, Larry L. Kestin, Inga S. Grills, Benjamin Movsas, Shruti Jolly*, Derek Bergsma* on behalf of the Michigan Radiation Oncology Quality Consortium





Disclosures

I am employed by the University of Michigan.

I have no relevant commercial interests.

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Broad-reaching data on LS-SCLC fractionation/toxicity is lacking

- Current understanding based on:
 - Small retrospective series
 - Provider surveys
 - National databases without radiation specifics or detailed toxicity reporting
- Statewide quality improvement initiative with prospective collection of clinical, dosimetric, and physician- and patient-reported outcomes
 - 29 participating academic/community institutions
 - 60% of radiation oncology volume in state
 - 3,884 lung cancer cases from 2012-2021
 - 680 cases were SCLC (17.5%)
 - 499 cases with LS-SCLC and known fractionation



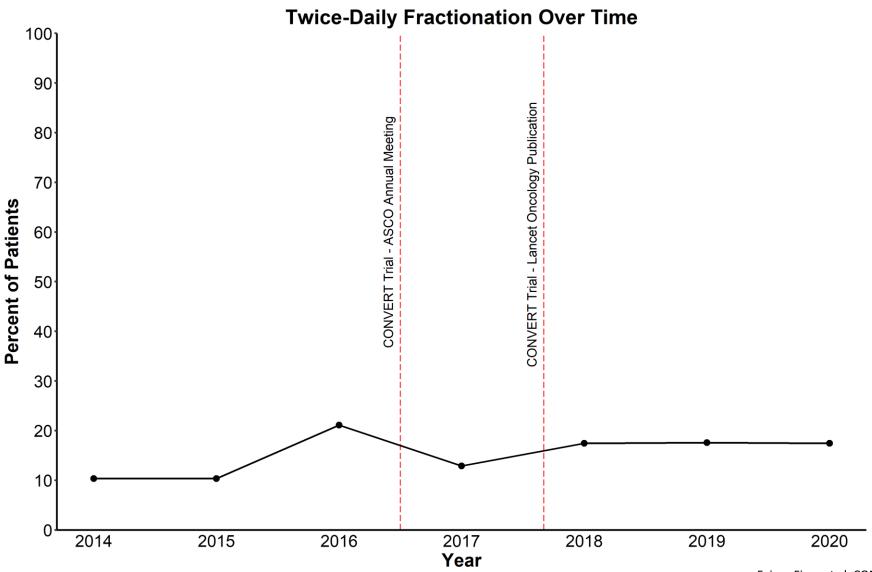
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Statewide use of twice-daily fractionation was constant









Health and pulmonary factors were similar between regimens



Twice-Daily , n = 78 ⁷	p-value ²
	P 14140
65 (58-71)	0.3
	>0.9
47 (60%)	
31 (40%)	
	0.9
38 (53%)	
26 (36%)	
8 (11%)	
	0.12
14 (18%)	
15 (19%)	
19 (24%)	
30 (38%)	
	0.5
12 (15%)	
27 (35%)	
19 (24%)	
	47 (60%) 31 (40%) 38 (53%) 26 (36%) 8 (11%) 14 (18%) 15 (19%) 19 (24%) 30 (38%) 12 (15%) 27 (35%)

145 (29%)

0.0 (0.0-1.0)

125 (30%)

0.0 (0.0-0.2)

		Radiotherapy		
	All Patients, $N = 499^{7}$	Once-Daily , n = 421 ⁷	Twice-Daily, $n = 78^{7}$	p-value ²
Smoking Status				0.14
Current	228 (46%)	186 (44%)	42 (55%)	
Former	259 (52%)	226 (54%)	33 (43%)	
Never	9 (1.8%)	7 (1.7%)	2 (2.6%)	
Smoking Duration (pack-years)	45 (30-60)	45 (30-60)	40 (30-52)	0.3
Oxygen at Start of Treatment				0.2
No	435 (88%)	364 (87%)	71 (92%)	
Yes	59 (12%)	53 (13%)	6 (7.8%)	
Spirometry Performed	193 (39%)	161 (39%)	32 (41%)	0.7
FEV1 (L)	1.88 (1.38-2.39)	1.82 (1.35-2.35)	1.96 (1.69-2.48)	0.3
FEV1 (% predicted)	69 (53-85)	69 (53-87)	69 (53-80)	0.6
Diffusing Capacity Measured	157 (33%)	134 (33%)	23 (31%)	0.7
DLCO (% predicted)	58 (47-74)	58 (46-73)	59 (49-76)	0.4
¹ Median (IQR); n (%); Mean ± SD				

^{&#}x27; Median (IQR); n (%); Mean ± SD



Obese

Percent Weight Loss Prior



20 (26%)

0.0(0.0-3.5)

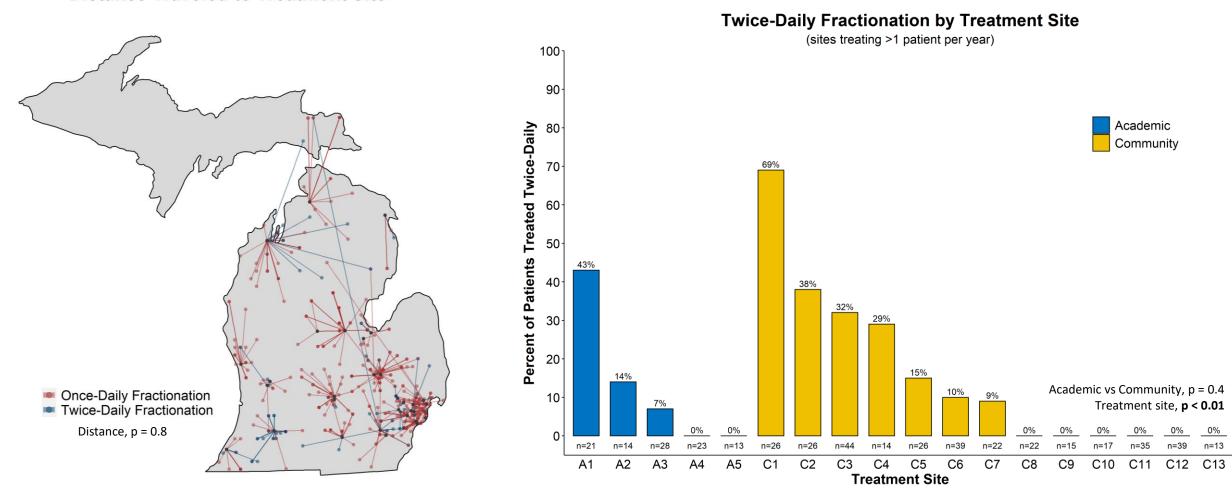
0.5

² Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test

Fractionation scheme depended on treatment site and social status



Distance Traveled to Treatment Site



Married/living with someone: 65% twice-daily vs 51%, p = 0.018





Treatment breaks were more common in once-daily treated patients



		Radiotherapy		
	All Patients, $N = 499^{7}$	Once-Daily , n = 421 ⁷	Twice-Daily, $n = 78^7$	p-value ²
Total Dose (Gy)		60 (60-65)	45 (45-45)	
Fractions		30.0 (30.0-33.0)	30.0 (30.0-30.0)	
Received Chemotherapy	482 (98%)	405 (98%)	77 (99%)	>0.9
PTV volume (cc)	402 ± 276	398 ± 278	418 ± 267	0.4
Break During Treatment				<0.001
No	343 (78%)	280 (75%)	63 (94%)	
Yes	95 (22%)	91 (25%)	4 (6.0%)	

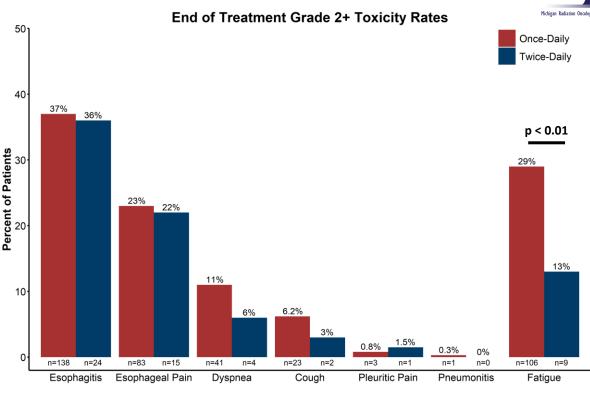
¹ Median (IQR); n (%); Mean ± SD

²Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test

	Overall treatment time (days)							
	<19	19‡	20-21§	>21¶	<45	45‡	46-47§	>47¶
Twice-daily radiotherapy (n=249)	_	158 (63%)	24 (10%)	52 (20%)				
Once-daily radiotherapy (n=240)					41 (17%)	114 (48%)	43 (18%)	42 (18%)

Faivre-Finn, et al. CONVERT trial. Lancet Oncology 2017.



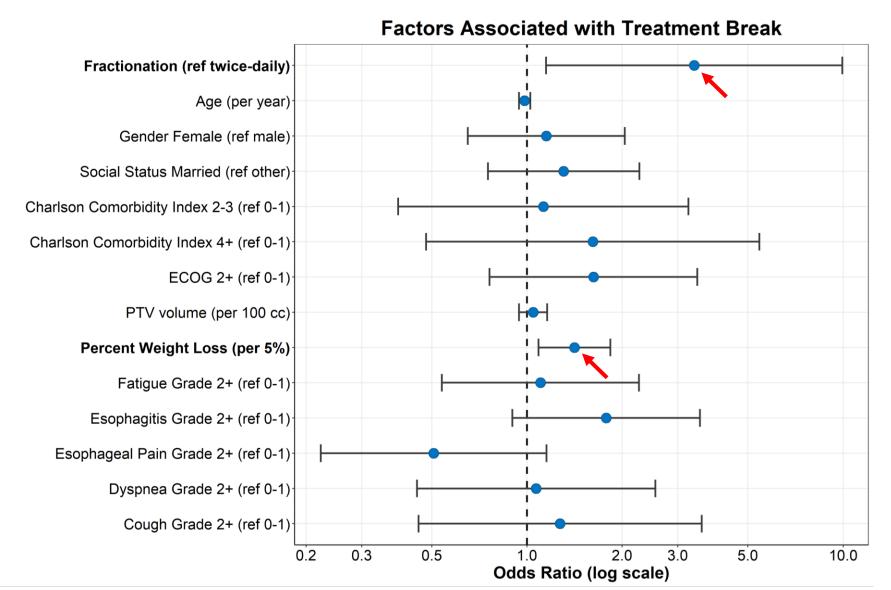


Radiotherapy Fractionation

	Once-Daily ¹	Twice-Daily ⁷	p-value ²
Patient-reported Swallow Ability			>0.9
No Problems or Mild Soreness Only	61% (n=123)	61% (n=20)	
Difficulty or Inability Swallowing Solids/Liquids	39% (n=78)	39% (n=13)	
Percent Weight Change	-2.4% ± 5.7%	-0.9% ± 4.0%	0.038
⁷ % (n), mean ± SD			
² Pearson's Chi-squared test, Fisher's exact test, Wilcox	on rank sum test		

Weight loss, once-daily treatment increased odds of treatment break



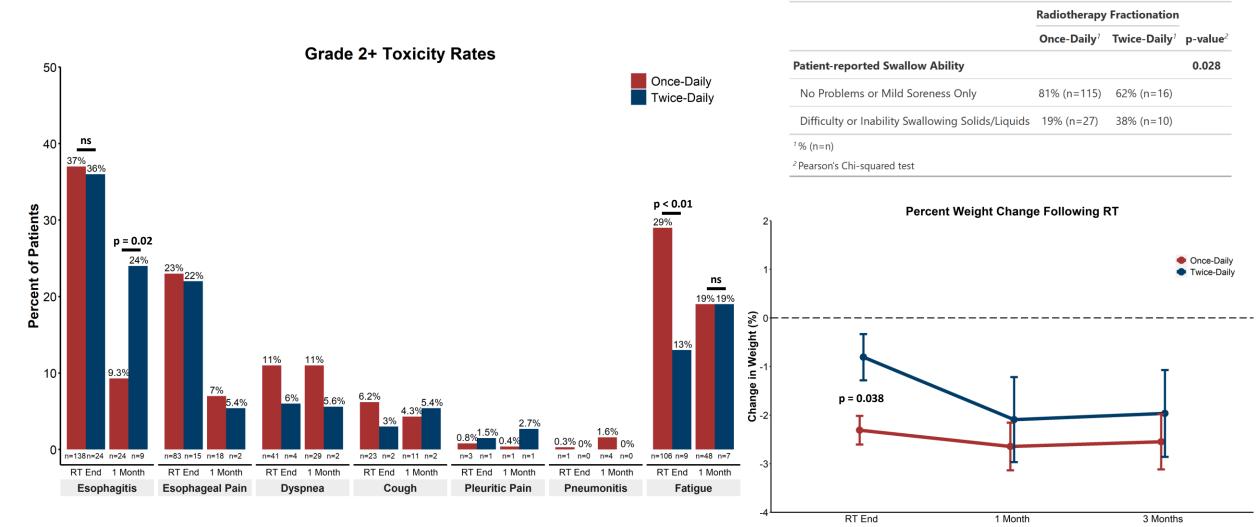






Twice-daily esophageal toxicity persisted 1 month after treatment











Summary

- Approximately 15% of LS-SCLC patients are treated twice-daily
- Selection of twice-daily regimen was highly dependent on treatment site and associated with social status but not baseline clinical factors
- Once-daily treated patients were more likely to experience a treatment break, as on the CONVERT study
 - Weight loss during treatment and once-daily fractionation were significantly associated with a greater odds of a treatment break
 - The difference may be partly explained by delayed toxicity of twice-daily regimen





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Larry L. Kestin

Inga S. Grills

Benjamin Movsas

Shruti Jolly

Derek Bergsma

Melissa Mietzel

MROQC Coordinating Center Team

MROQC Executive Committee

MROQC Participating Sites

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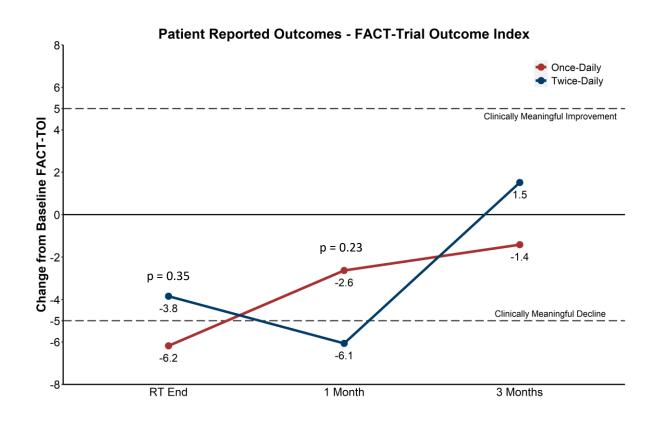
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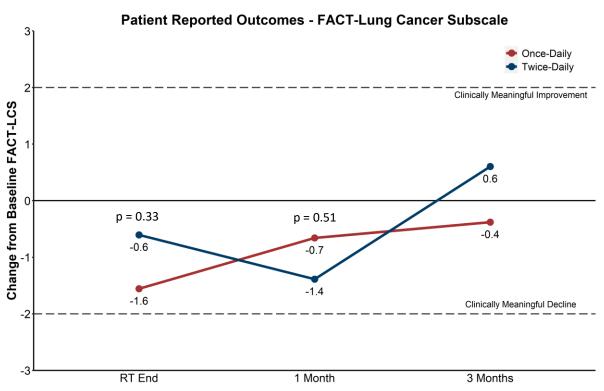
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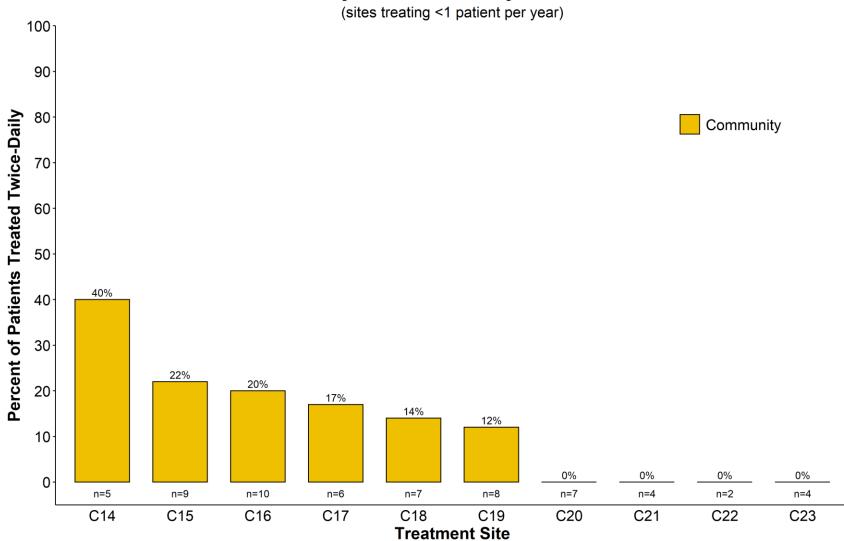








Twice-Daily Fractionation by Treatment Site







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