

### Transcript Details

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<https://reachmd.com/programs/closing-gaps-nsclc/getting-a-head-of-recurrence-in-nsclc/10819/>

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## Getting Ahead of Recurrence in NSCLC

### Announcer:

This is ReachMD, and you're listening to Closing the Gaps in Non-Small Cell Lung Cancer, sponsored by Lilly.

On today's program, we'll hear from Dr. Christine Bestvina, oncologist and Assistant Professor of Medicine at the University of Chicago. Dr. Bestvina considers best practices for managing patients with recurrent disease.

### Dr. Bestvina:

Unfortunately, even for lung cancer patients who have early stage disease recurrence rates can be as high as 30 to 50 percent.

One of things that I encourage my patients from day one is just to make sure that they are following up regularly to get their regular imaging. Oftentimes if we can catch disease recurrence prior to the patient becoming symptomatic, that gives us a wider array of options to treat their recurrence, whether it's through a clinical trial or an additional modality of therapy. Patients being compliant with their regular recommended screening is certainly important.

One of the things which can help expedite a patient's care at time of recurrence is the involvement of a thoracic tumor board. At our tumor board, which meets weekly, we have involvement from pulmonary, medical oncology, surgical oncology, radiation oncology, among others. Having everybody in a room often times expedites there being a firm treatment plan in place, as well as being able to get access for

the patient to all of these multiple providers. I really think that's a way that we can expedite patients' time to treatment.

At ASCO this year, there were several exciting presentations looking at neoadjuvant immunotherapy, or giving immunotherapy prior to surgery. While this is still very much in the research capacity, the goal is that eventually, by incorporating this new modality into treatment, we'll be able to help more patients live recurrent free lives for a prolonged period of time.

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