

Starting Treatment for Small Cell Lung Cancer? Hear From an Oncology Nurse and a Cancer Patient.

Oncology Nurse Practitioner Cindy Cherry, MSN, AGNP-C, and cancer patient Dorothy T. share how they approach small cell lung cancer (SCLC) treatment.

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Disclaimer: Please note that all opinions from this article are from the participants' perspectives. Every patient experience is unique, so it's important to talk with your doctor about what is best for you.

In a matter of minutes, a small cell lung cancer (SCLC) diagnosis can quickly flip your world upside down. You may feel overwhelmed, or even guilty, but it can be reassuring to know you are not alone in this. Approximately 30,000–35,000 people are diagnosed with SCLC each year in the United States.

Oncology Nurse Practitioner Cindy Cherry, MSN, AGNP-C, has years of experience helping people through their diagnosis, physically and emotionally. She often shares advice to keep her patients motivated during this tumultuous time. “My number one goal is to help make sure my patients understand that no one deserves cancer, and it is something you and your care team will fight together. Concentrate on moving forward,” said Cherry.

Treatment is different for everyone

Chemotherapy treatment usually begins shortly after a diagnosis is received. Your care team will determine what treatment approach is best based on your needs. At this point, Cherry encourages her patients to begin treatment with a flexible, open mind. “Try to not already have it set in your mind how you think this is going to go so that you can fully explore all the options your doctor recommends,” she said.

While you may want to compare your treatment to others, side effects can vary from person to person depending on diagnosis and certain chemotherapies. Treatment looks different for everyone, so try to only focus on what you're going through.

Even second or third cancer survivors can receive completely different treatment for each diagnosis. SCLC patient Dorothy T. from North Carolina has received three separate lung cancer diagnoses with very different treatment experiences.

Dorothy's first diagnosis in 2014 was non-small cell lung cancer, and instead of receiving chemotherapy, a portion of her lung was removed, which meant she had to continuously undergo checkups for the next 5 years. Then in 2019, Dorothy's oncologist discovered an unfortunate sight: her cancer was back, and it was SCLC. This second diagnosis was a little different; she was going to receive chemotherapy.

This first experience with chemotherapy was grim and she swore she'd never endure it again. "I really thought I was dying," said Dorothy. "I was so weak and tired that I'd fall on the floor at night going to the bathroom. I couldn't take a shower for five days."

Side effects can get serious—be open with your care team

The extreme fatigue Dorothy experienced during her first chemotherapy treatment can sometimes be a sign of bone marrow suppression, which can happen when a patient receives chemotherapy. Bone marrow suppression—also known as myelosuppression—is a serious side effect of chemotherapy treatment that occurs when chemotherapy damages blood-forming cells in the bone marrow.

Damage to blood-forming cells can result in low white and red blood cell counts, which means you could be at risk for neutropenia and anemia. Neutropenia occurs when white blood cells are damaged and can put you at risk for infection. Anemia occurs when red blood cells are damaged and can cause symptoms such as fatigue, dizziness, weakness, and shortness of breath. Both neutropenia and anemia can become severe enough to require additional treatments or even hospitalization.

For Oncology Nurse Practitioner Cindy Cherry, when this happens to her patients, her alarm bells immediately go off. "When patients come in and they have very low blood cell counts, that's the sick of the sick. That's definitely the patient that I worry about the most," said Cherry.

Frequent communication with your care team may help to prevent worsening symptoms during treatment. It's important to speak up whenever you experience side effects, no matter the severity.

There is medicine available that may help with certain side effects

Despite swearing off chemotherapy, Dorothy had to endure another round of treatment after receiving her third cancer diagnosis in late 2020—again, it was extensive-stage small cell lung cancer (ES-SCLC). However, this time was different than her first chemotherapy experience because she was recommended to a new oncologist who told her about a drug that wasn't

available at the time of Dorothy's previous SCLC diagnosis in 2019.

The drug her oncologist prescribed is called COSELA™ (trilaciclib), and it is available by prescription for people with an extensive-stage small cell lung cancer (ES-SCLC) diagnosis receiving certain types of chemotherapy.

Dorothy's oncologist told her he wanted to try to protect her against some of the side effects of bone marrow suppression that she endured during her first experience with chemotherapy. Dorothy agreed to try COSELA and is thankful she decided to give chemotherapy treatment one more chance following her ES-SCLC diagnosis.

COSELA can help with bone marrow suppression caused by chemotherapy

To help reduce the occurrence of low blood cell counts caused by bone marrow suppression—also known as myelosuppression—COSELA is given up to 4 hours before each chemotherapy treatment to help keep chemotherapy from damaging bone marrow while chemotherapy works to destroy the cancer cells.

Helping to protect cells in the bone marrow may help keep certain blood cell counts from dropping too low—which is what can cause side effects like neutropenia and anemia. This proactive protection of the bone marrow is what doctors call “myeloprotection” (my-low-proh-TEK-shun) and may help you stay on track with your scheduled treatment plan.

Ask your care team about myeloprotection during the next scheduled treatment. Your doctor will decide if COSELA is right for you.

Talking with your care team about any symptoms or side effects you're experiencing will help them determine the appropriate treatment for you. SCLC patient Dorothy T. wasn't afraid to discuss her symptoms with her doctor, which resulted in a treatment experience best suited for her. “It's scary to think I almost decided to give up on treating my cancer rather than endure chemotherapy ever again,” said Dorothy.

INDICATION

COSELA is a prescription medicine used to help reduce the occurrence of low blood cell counts caused by damage to bone marrow from chemotherapy. COSELA is used to treat adults taking certain chemotherapies (platinum/etoposide or topotecan) for extensive-stage small cell lung cancer.

COSELA is an injection for intravenous (IV) use given within 4 hours before chemotherapy.

IMPORTANT SAFETY INFORMATION

Do not take COSELA if you have had a serious allergic reaction to COSELA.

What are the possible serious side effects of COSELA?

- Reactions at the site of injection. Pain, irritation, swollen veins, or blood clots may form at or near the injection site. Signs and symptoms may include swelling, pain, redness, tenderness, itchy skin that feels warm to the touch, and the appearance of inflamed veins.
- Serious allergic reactions. Signs and symptoms of an allergic reaction to COSELA can include hives, itching, flushed or pale skin, trouble breathing, swollen face, eyes, tongue or throat, and dizziness or fainting.
- Lung problems (pneumonitis or interstitial lung disease). Signs or symptoms may include trouble breathing at rest or aggravated by exertion, cough, tiredness, unintended weight loss, loss of appetite, and chest pain. Report any new or worsening problems with breathing to your doctor right away.
- COSELA can harm your unborn baby. Females should use effective birth control during treatment with COSELA. COSELA may cause fertility problems in females, which may affect your ability to have children. Talk to your doctor if you have concerns about fertility.

Call your doctor or get medical care right away if you develop any of these symptoms or conditions.

Before taking COSELA, tell your doctor about all of your health conditions, including if you:

- are taking medication for diabetes, heart disease, or multiple sclerosis
- have liver disease
- are pregnant or plan to become pregnant. COSELA can harm your unborn baby. Tell your doctor right away if you become pregnant or think you may be pregnant during treatment with COSELA. Females who are able to become pregnant:
 - your doctor should give you a pregnancy test before you start treatment with COSELA
 - you should use an effective method of birth control during your treatment for at least 3

weeks after the last dose of COSELA

- are breastfeeding or plan to breastfeed. It is not known if COSELA passes into your breast milk.

Do not breastfeed during treatment and for at least 3 weeks after the last dose of COSELA.

Tell your doctor about all the medications you are currently taking, including prescription and over-the-counter medicines, vitamins, supplements, and herbal supplements. COSELA and other medicines may affect each other. Keep a list of the medicines you take to show to your healthcare provider or pharmacist when you get a new medicine.

The most common side effects of COSELA include:

- fatigue
- low levels of calcium, potassium, or phosphate in your blood
- high levels of a liver enzyme called aspartate aminotransferase
- headache
- infection in the lungs (pneumonia)
- rash
- reactions related to the infusion
- swelling in the legs or arms
- stomach pain
- blood clots
- a high blood sugar level (hyperglycemia)

These are not all of the possible side effects of COSELA. Call your healthcare provider for medical advice about any side effects you may be experiencing. You are encouraged to report any negative side effects to G1 Therapeutics at [1-800-790-G1TX](tel:1-800-790-G1TX), or to the FDA at [1-800-FDA-1088](tel:1-800-FDA-1088) or www.fda.gov/medwatch.

Please see the full [Prescribing Information](#).

References

1. COSELA (trilaciclib). [Prescribing Information](#). G1 Therapeutics, Inc; 02/2021.
2. Small Cell Lung Cancer. National Organization for Rare Disorders. Updated 2019. Accessed June 25, 2021. <https://rarediseases.org/rare-diseases/small-cell-lung-cancer/>.

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