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Treating Small Cell Lung Cancer

If you've been diagnosed with small cell lung cancer (SCLC), your cancer care team will discuss your treatment options with you. It's important to weigh the benefits of each treatment option against the possible risks and side effects.

How is small cell lung cancer treated?

Treatments for SCLC can include:

- [Chemotherapy for Small Cell Lung Cancer](#)
- [Immunotherapy for Small Cell Lung Cancer](#)
- [Radiation Therapy for Small Cell Lung Cancer](#)
- [Surgery for Small Cell Lung Cancer](#)
- [Palliative Procedures for Small Cell Lung Cancer](#)

Common treatment approaches

The treatment options for SCLC are based mainly on the stage (extent) of the cancer, but other factors, such as a person's overall health and lung function are also important. Sometimes, more than one type of treatment is used. If you have SCLC, you will probably get chemotherapy if you are healthy enough. If you have limited stage disease, radiation therapy and – rarely – surgery may be options as well. People with extensive stage disease often receive chemotherapy with or without immunotherapy.

- [Treatment Choices for Small Cell Lung Cancer, by Stage](#)

Who treats small cell lung cancer?

You may have different types of doctors on your treatment team, depending on the

stage of your cancer and your treatment options. These doctors could include:

- A **medical oncologist**: a doctor who treats cancer with medicines such as chemotherapy and immunotherapy
- A **pulmonologist**: a doctor who specializes in medical treatment of diseases of the lungs
- A **radiation oncologist**: a doctor who treats cancer with radiation therapy
- A **thoracic surgeon**: a doctor who treats diseases in the lungs and chest with surgery

Many other specialists may be involved in your care, including a nurse practitioner or a clinical nurse specialist.

- [Clinical Trials](#)

Considering complementary and alternative methods

You may hear about alternative or complementary methods to relieve symptoms or treat your cancer that your doctors haven't mentioned. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used **along with** your regular medical care. **Alternative** treatments are used **instead of** standard medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- [Complementary and Integrative Medicine](#)

Help getting through cancer treatment

People with cancer need support and information, no matter what stage of illness they may be in. Knowing all of your options and finding the resources you need will help you make informed decisions about your care.

Whether you are thinking about treatment, getting treatment, or not being treated at all, you can still get supportive care to help with pain or other symptoms. Communicating with your cancer care team is important so you understand your diagnosis, what treatment is recommended, and ways to maintain or improve your quality of life.

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- [Palliative Care](#)
- [Programs & Services](#)

Choosing to stop treatment or choosing no treatment at all

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to help maintain or improve your quality of life.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors as you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

- [If Cancer Treatments Stop Working](#)

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask your cancer care team any questions you may have about your treatment options.

Chemotherapy for Small Cell Lung Cancer

Chemotherapy (chemo) is treatment with anticancer drugs that may be injected into a vein or taken by mouth. These drugs travel through the bloodstream and reach most parts of the body.

- [When is chemotherapy used?](#)
- [Chemo drugs used to treat SCLC](#)
- [How is chemotherapy given?](#)

How is chemotherapy given?

Chemo drugs for lung cancer are typically given into a vein (intravenous [IV]), either as an injection over a few minutes or as an infusion over a longer period of time. This can be done in a doctor's office, chemotherapy clinic, or in a hospital.

Often, slightly larger and sturdier IVs known as [central venous catheters](#)¹ (CVCs), central venous access devices (CVADs), or central lines are needed to give chemo. They are used to put medicines, blood products, nutrients, or fluids right into your blood. They can also be used to take out blood for testing.

Many different kinds of CVCs are available. The 2 most common types are the port and the PICC (peripherally inserted central catheter) line. A port is a small quarter-sized device that is placed under the skin in your upper chest. A small tube connects the port to a large vein that goes into the heart, called the superior vena cava. A PICC line is a small tube that is placed in the upper arm; that tube threads through the vein until it reaches the superior vena cava.

Doctors give chemo in cycles. Each cycle includes the period of treatment followed by a rest period to give you time to recover from the effects of the drugs. Cycles are most often 3 or 4 weeks long, and initial treatment is typically 4 to 6 cycles. The schedule varies depending on the drugs used. For example, some drugs are given only on the first day of the chemo cycle. Others are given for a few days in a row, or once a week. Then, at the end of the cycle, the chemo schedule repeats to start the next cycle.

For advanced cancers, the initial chemo combination is often given for 4 to 6 cycles, sometimes in combination with an immunotherapy drug. Beyond this, doctors might also recommend extending treatment with a single immunotherapy drug, for people who have had a good response to their initial chemotherapy or have had no worsening of their cancer.

If the cancer progresses (gets worse) during treatment or returns after treatment is finished, other chemo drugs may be tried. The choice of drugs depends to some extent on how soon the cancer begins to grow again. (The longer it takes for the cancer to return, the more likely it is to respond to further treatment.)

- If cancer returns more than 6 months after treatment, it might respond again to the same chemo drugs that were given the first time.
- If the cancer comes back sooner, or if it keeps growing during treatment, further

treatment with the same drugs isn't likely to be helpful. If further chemo is given, most doctors prefer treatment with a single, different drug to help limit side effects. SCLC that progresses or comes back can be hard to treat, so taking part in a [clinical trial](#)² of newer treatments might be a good option for some people.

Possible side effects of chemotherapy for SCLC

Chemo drugs can cause [side effects](#)³. These depend on the type and dose of drugs given and how long they are taken. Some common side effects of chemo include:

- Hair loss
- Mouth sores
- Loss of appetite or weight changes
- [Nausea and vomiting](#)⁴
- Diarrhea or constipation

Chemo can also affect the blood-forming cells of the bone marrow, which can lead to:

- Increased chance of [infections](#)⁵ (from low white blood cell counts)
- Easy bruising or bleeding (from low blood platelet counts)
- [Fatigue](#)⁶ ((tiredness, from low red blood cell counts)

These side effects usually go away after treatment, but there are also often ways to lessen them. For example:

- Drugs can be given to help prevent or reduce nausea and vomiting.
- Drugs can be used to help prevent or treat low blood cell counts (especially low white blood cell counts)..

Some drugs can have specific side effects. For example:

Drugs such as cisplatin and carboplatin can damage nerve endings. This is called [peripheral neuropathy](#). It can sometimes lead to symptoms (mainly in the hands and feet), such as numbness or tingling sensations, burning or pain,ing sow blood platelet counts)

IV fluids before and after each dose of the drug is given.

Be sure to report any side effects you notice during chemo to your cancer care team so that they can be treated promptly. In some cases, the doses of the chemo drugs may need to be reduced or treatment may need to be delayed or stopped to prevent the effects from getting worse.

More information about chemotherapy

For more general information about how chemotherapy is used to treat cancer, see [Chemotherapy](#)⁷.

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)⁸.

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/tubes-lines-ports-catheters.html
2. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy/chemotherapy-side-effects.html
4. www.cancer.org/cancer/managing-cancer/side-effects/eating-problems/nausea-and-vomiting.html
5. www.cancer.org/cancer/managing-cancer/side-effects/infections.html
6. www.cancer.org/cancer/managing-cancer/side-effects/fatigue.html
7. www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html
8. www.cancer.org/cancer/managing-cancer/side-effects.html

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Immunotherapy for Small Cell Lung Cancer

Immunotherapy is the use of medicines to help a person's own immune system to recognize and destroy cancer cells more effectively.

- [Immune checkpoint inhibitors](#)
- [Bispecific T-cell engager \(BiTE\)](#)
- [More information about immunotherapy](#)

Immune checkpoint inhibitors

An important part of the immune system is its ability to keep itself from attacking normal

cells in the body. To do this, it uses “checkpoint” proteins on immune cells, which act like switches that need to be turned on (or off) to start an immune response. Cancer cells sometimes use these checkpoints to avoid being attacked by the immune system.

Drugs that target these checkpoints (called **checkpoint inhibitors**) can be used to treat some people with small cell lung cancer (SCLC).

PD-L1 inhibitors

Atezolizumab (Tecentriq) and **durvalumab (Imfinzi)** target PD-L1, a checkpoint protein found on some tumor cells and immune cells. Blocking this protein can help

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immune system. Sometimes the immune system responds by attacking other parts of the body, which can cause serious or even life-threatening problems in the lungs, intestines, liver, hormone-making glands, kidneys, or other organs.

It's very important to report any new side effects to someone on your cancer care team as soon as possible. If serious side effects do occur, treatment may need to be stopped and you might be given high doses of corticosteroids to suppress your immune system.

Bispecific T-cell engager (BiTE)

Tarlatamab (Imdelltra) is a type of immunotherapy known as a bispecific T-cell engager

ablative radiotherapy (SABR), is most often used to treat early-stage SCLC when surgery isn't an option due to a person's health or in people who don't want surgery. It might also be considered for tumors that have limited spread to other parts of the body, such as the brain or adrenal glands.

Instead of giving a small dose of radiation each day for several weeks, SBRT uses very focused beams of high-dose radiation given in fewer (usually 1 to 5) treatments. Several beams are aimed at the tumor from different angles. To target the radiation precisely, you are put in a specially designed body frame for each treatment. This reduces the movement of the lung tumor during breathing.

Stereotactic radiosurgery (SRS) isn't really surgery, but a type of stereotactic

also often improves after treatment is finished.

Radiation therapy to large areas of the brain can sometimes cause memory loss, fatigue, headaches, or trouble thinking. Usually these symptoms are minor compared with those caused by cancer that has spread to the brain, but they can affect your quality of life.

More information about radiation therapy

To learn more about how radiation is used to treat cancer, see [Radiation Therapy](#)³.

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)⁴.

Hyperlinks

1. www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/staging-sclc.html
2. www.cancer.org/cancer/managing-cancer/treatment-types/radiation/external-beam-radiation-therapy.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html
4. www.cancer.org/cancer/managing-cancer/side-effects.html

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Surgery for Small Cell Lung Cancer

- Pulmonary function tests (PFTs) to see if you would have enough healthy lung tissue left after surgery.
- EKG (recording of your heart's electrical activity) and an echocardiogram (ultrasound of your heart) to check the function of your heart
- Blood work or other studies to be sure you're healthy enough for surgery.

Your doctor will want to check if the cancer has already spread to the lymph nodes between the lungs. This is often done before surgery with mediastinoscopy or another technique.

To learn more about these tests, see [Tests for Lung Cancer¹](#).

Types of lung surgery

There are different types of lung resection, including:

- **Pneumonectomy:** This surgery removes an entire lung. This might be needed if the tumor is close to the center of the chest.
- **Lobectomy:** The lungs are made up of 5 lobes (3 in the right lung and 2 in the left). In this surgery, the entire lobe containing the tumor(s) is removed. If it can be done, this is often the preferred type of operation for SCLC.
- **Segmentectomy or wedge resection:** In these operations, only the part of the lobe with the tumor is removed. This approach might be used if a person doesn't have enough normal lung function to withstand removing the whole lobe.
- **Sleeve resection:** This operation may be used to treat some cancers in large airways in the lungs. If you think of the large airway with a tumor as similar to the sleeve of a shirt with a stain a few inches above the wrist, the sleeve resection would be like cutting across the sleeve (airway) above and below the stain (tumor) and then sewing the cuff back onto the shortened sleeve. A surgeon may be able to do this operation instead of a pneumonectomy to preserve more lung function.

The type of operation your doctor recommends depends on the size and location of the tumor and on how well your lungs are functioning. Doctors often prefer to do a more extensive operation (for example, a lobectomy instead of a segmentectomy) if a person's lungs are healthy enough, as it may provide a better chance to cure the cancer.

Ways to do lung surgery

There are primarily 2 ways to do lung surgery: open lung surgery (thoracotomy) or minimally invasive surgery. Minimally invasive surgery includes mainly 2 types: video-assisted thoracoscopic surgery (VATS) and robotic-assisted thoracoscopic surgery (RATS). With any of these surgeries, the goal could be to diagnose (to get more tissue for diagnosis), stage (to look at nearby lymph nodes for possible spread of cancer), and/or treat lung cancer (to remove all known cancer in the lung). They all require general anesthesia, where you are in a deep sleep.

Open lung surgery (Thoracotomy)

In a thoracotomy, the surgeon makes a large cut between the ribs. Where the cut is depends on which part of the lung needs to be removed. In general, the surgeon will spread the ribs to see the lung and nearby organs inside.

Video-assisted thoracic surgery (VATS)

Video-assisted thoracoscopic surgery (VATS) uses smaller incisions and typically has a shorter hospital stay and fewer complications than a thoracotomy. The cure rate after this surgery seems to be the same as with surgery done with a larger incision. But it's important that the surgeon doing this procedure is experienced, because it requires a great deal of skill.

Robotic-assisted thoracic surgery (RATS)

In this approach, the thoracoscopy is done using a robotic system. The surgeon sits at a control panel in the operating room and moves robotic arms to operate through several small incisions in the patient's chest.

RATS is similar to VATS in terms of less pain, less blood loss, and shorter recovery time.

For the surgeon, the robotic system may provide more maneuverability and more precision when moving the instruments than standard VATS. Still, the most important factor in the success of either type of thoracoscopic surgery is the surgeon's experience and skill.

Intraoperative imaging

Along with the results of imaging tests (such as CT scans) done before surgery, surgeons also rely on what they can see and feel during the operation to help determine

which parts of the lung need to be removed. However, some lung tumors might not be easily seen or felt, so in some situations it's possible that a tumor (or parts of tumor) might be missed.

Your surgeon might use a special **intraoperative imaging** system during the surgery to help find tumors that aren't easily seen or felt. For this approach, a fluorescent drug called **pafolacianine (Cytalux)** is injected into your blood within 24 hours before your surgery. The drug travels through your body and attaches to a specific protein found on lung cancer cells. Once in the operating room, the imaging system gives off near-infrared light that causes the drug to light up, which can help the surgeon see which areas of the lung need to be removed.

The most common side effects after getting pafolacianine are belly pain, heartburn, itching, chest pain, nausea, vomiting, and flushing. Your doctor will probably ask you to avoid any supplements that have folic acid in them for a few days before the procedure because they might affect how well this drug works.

Possible risks and side effects of lung surgery

Surgery for lung cancer is a major operation and can have serious side effects, which is why surgery isn't a good idea for everyone. While all surgeries carry some risks, they depend to some degree on the extent of the surgery and a person's overall health.

Possible complications during and soon after surgery can include reactions to anesthesia, excess bleeding, blood clots in the legs or lungs, wound infections, and pneumonia. While it is rare, in some cases people might not survive the surgery.

Recovering from lung cancer surgery typically takes weeks to months. When the surgery is done through a thoracotomy, the surgeon must spread the ribs to get to the lung, so the area near the incision may hurt for some time after surgery. Your activity might be limited for at least a month or two.

If your lungs are in good condition (other than the presence of the cancer) you can usually return to normal activities after some time if a lobe or even an entire lung has been removed. If you also have another lung disease such as emphysema or chronic bronchitis (which are common among people who have smoked for a long time), you might become short of breath with activity after surgery.

After surgery

When you wake up from surgery, you will have a tube (or tubes) coming out of your

chest and attached to a special container to allow excess fluid and air to drain out. The tube(s) will be removed once the fluid drainage and air leak slow down enough. Generally, you will spend about 1 to 7 days in the hospital depending on the type of surgery.

More information about Surgery

For more general information about surgery as a treatment for cancer, see [Cancer Surgery](#)².

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)³.

Hyperlinks

1. www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/how-diagnosed.html
2. www.cancer.org/cancer/managing-cancer/treatment-types/surgery.html
3. www.cancer.org/cancer/managing-cancer/side-effects.html

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Kim D, Woo W, Shin JI, Lee S. The Uncomfortable Truth: Open Thoracotomy versus Minimally Invasive Surgery in Lung Cancer: A Systematic Review and Meta-Analysis. *Cancers (Basel)*. 2023 May 5;15(9):2630. doi: 10.3390/cancers15092630. PMID: 37174096; PMCID: PMC10177030.

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Thoracentesis is a procedure to remove the fluid. The doctor will numb an area in the lower back, and then place a hollow needle into the space between the ribs to drain the fluid around the lung. An ultrasound may be used to guide the needle into the fluid.

Pleurodesis

Pleurodesis is a procedure to remove the fluid and keep it from coming back. The main types are:

Chemical pleurodesis: A small cut is made in the skin of the chest wall, and a hollow tube (called a **chest tube**) is placed into the chest to remove the fluid. Then a substance is put into the chest through the tube that causes the linings of the lung (visceral pleura) and chest wall (parietal pleura) to stick together, sealing the space and limiting further fluid buildup. A number of substances can be used for this, such as talc, the antibiotic doxycycline, or a chemotherapy drug like bleomycin.

Surgical pleurodesis: Talc is blown into the space around the lungs during an operation. This is done through a small incision using [thoracoscopy](#)¹

Catheter placement

One end of the catheter (a thin, flexible tube) is placed in the chest through a small cut in the skin, and the other end is left outside the body. Once in place, the outside catheter can be attached to a special bottle to allow the fluid to drain out on a regular basis.

Treating fluid buildup around the heart

Lung cancer can sometimes spread to the a3t 0 0 1 72 2834ngon. Thir calpread tg fluar

During surgery, a piece of the sac around the heart (the pericardium) is removed to allow the fluid to drain into the chest or belly. This opening is called a **pericardial window** and helps to keep the fluid from building up again.

Treating an airway blocked by a tumor

Cancer can sometimes grow into an airway in the lung, blocking it and causing problems such as pneumonia or shortness of breath. Sometimes this is treated with [radiation therapy](#), but other techniques can also be used.

Photodynamic therapy (PDT)

[Photodynamic therapy](#)² is sometimes used to help open up airways blocked by tumors to help people breathe better.

For this technique, a light-activated drug called porfimer sodium (Photofrin) is injected into a vein. This drug collects more in cancer cells than in normal cells. After a couple of days (to give the drug time to build up in the cancer cells), a bronchoscope is passed down the throat and into the lung. This can be done using either local anesthesia (numbing the throat) and sedation, or with general anesthesia (which puts you in a deep sleep). A special laser light on the end of the bronchoscope is aimed at the tumor, which activates the drug and kills the cells. The dead cells are then removed a few days later during a bronchoscopy. This process can be repeated if needed.

PDT can cause swelling in the airway for a few days, which could lead to some shortness of breath, as well as coughing up blood or thick mucus. Some of this drug also collects in normal cells in the body, such as skin and eye cells. This can make you very sensitive to sunlight or strong indoor lights. Too much exposure can cause serious skin reactions (like a severe sunburn), so doctors recommend staying out of any strong light for several weeks after the injection.

Laser therapy

Lasers can sometimes be used to help open up airways blocked by tumors to help people breathe better.

The laser is on the end of a bronchoscope, which is passed down the throat and next to the tumor. The doctor then aims the laser beam at the tumor to burn it away. This treatment can usually be repeated, if needed. You are usually asleep (under general anesthesia) for this type of treatment.

Stent placement

If a lung tumor has grown into an airway and is causing problems, sometimes a bronchoscope is used to put a hard silicone or metal tube called a **stent** in the airway to help keep it open. This is often done after other treatments such as PDT or laser therapy.

More information about palliative care

To learn more about how palliative care can be used to help control or reduce symptoms caused by cancer, see [Palliative Care](#)³.

To learn about some of the side effects of cancer or treatment and how to manage them, see [Managing Cancer-related Side Effects](#)⁴.

Hyperlinks

1. www.cancer.org/cancer/diagnosis-staging/tests/endoscopy/thoracoscopy.html
2. www.cancer.org/cancer/managing-cancer/treatment-types/radiation/photodynamic-therapy.html
3. www.cancer.org/cancer/managing-cancer/palliative-care.html
4. www.cancer.org/cancer/managing-cancer/side-effects.html

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Treatment Choices for Small Cell Lung Cancer, by Stage

Small cell lung cancer (SCLC) is usually [staged](#)¹ as either limited or extensive. For treatment of limited-stage SCLC, a combination of chemotherapy and radiation is usually given. For treatment of extensive-stage SCLC, a combination of chemotherapy and immunotherapy is usually given.

- [Treating limited-stage SCLC](#)
- [Treating extensive-stage SCLC](#)
- [SCLC that progresses or recurs after treatment](#)

Treating limited-stage SCLC

If you only have one small tumor in your lung and there is no evidence of cancer in lymph nodes or elsewhere, your doctors might recommend [surgery](#) to remove the tumor and the nearby lymph nodes.

Very few patients with SCLC are treated this way. This is only an option if you are in fairly good health and can withstand having part of a lung removed.

Concurrent chemoradiation can help people with limited-stage SCLC live longer and give them a better chance at a cure than giving one treatment (or one treatment at a time). The downside is that this combination has more side effects than either chemo or radiation alone.

People who aren't healthy enough for chemoradiation are usually treated with chemo by itself. This may be followed by radiation to the chest.

If no measures are taken to prevent it, about half of people with SCLC will have cancer spread to their brain. If your cancer has responded well to initial treatment, you may be given radiation therapy to the head (**prophylactic cranial irradiation**, or PCI) to try to prevent this. The radiation is usually given in lower doses than what is used if the cancer had already spread to brain, but some patients may still have side effects.

In most people with limited-stage SCLC, tumors treated with chemo (with or without radiation) will shrink significantly. In many, the tumor will shrink to the point where it can no longer be seen on imaging tests. Unfortunately, for most people, the cancer will return at some point.

If cancer growth in the lungs is causing symptoms, such as shortness of breath or

1. www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/staging-sclc.html
2. www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/how-diagnosed.html
3. www.cancer.org/cancer/managing-cancer/side-effects.html
4. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
5. www.cancer.org/cancer/managing-cancer/side-effects/pain.html
6. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
7. www.cancer.org/cancer/survivorship/long-term-health-concerns/recurrence.html
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