### SCL-D

**Internal request:**
In response to the FDA approval of trilaciclib as an option to reduce the frequency of chemotherapy-induced bone marrow suppression in adults receiving certain types of chemotherapy for extensive-stage small cell lung cancer. The panel requested the addition of trilaciclib for this indication.

**External request:**
Submission from G1 Therapeutics (02/12/21) requesting the inclusion of trilaciclib as a preferred option to decrease incidence of chemotherapy-induced myelosuppression in regimens containing platinum + etoposide +/- checkpoint inhibition; or a topotecan-containing regimen on the following pages in the current SCLC guidelines: SCL-D (Principles of Supportive Care), SCL-E1 (Principles of Systemic Therapy, Primary Therapy for Extensive Stage SCLC), and SCL-E2 (Principles of Systemic Therapy, SCLC Subsequent Systemic Therapy) and relevant discussion sections.

Based on the review of the data in the noted references and the recent FDA approval, the panel consensus was to include trilaciclib as an option to reduce the frequency of chemotherapy-induced bone marrow suppression in adults receiving certain types of chemotherapy for extensive-stage small cell lung cancer. This is a category 2A recommendation.

- See submission for references

### SCLC-E (2 of 2)

**Internal request:**
Comment to consider the removal of pembrolizumab as a subsequent therapy option based on the U.S. withdrawal of the indication for pembrolizumab for the treatment of patients with small cell lung cancer (SCLC) whose disease has progressed after platinum-based chemotherapy and at least one other line of therapy

Although the FDA has withdrawn the indication for pembrolizumab, the panel decided that pembrolizumab still has limited clinical use as a subsequent therapy option for patients with SCLC whose disease has progressed after platinum-based chemotherapy or at least one other line of therapy. The consensus resulted in a change from a category 2A to a category 3 recommendation.