

NCCN and AstraZeneca Quality Improvement Initiative: Improving the Quality of Care and Application of Best Practices in the Treatment of Patients with Small Cell Lung Cancer (SCLC)

Request for Proposals (RFP)

1. Introduction

The National Comprehensive Cancer Network® (NCCN) and AstraZeneca Pharmaceuticals (AstraZeneca) are collaborating to offer a new grant opportunity seeking Letters of Intent (LOIs), and ultimately proposals, to improve the quality of care, including the delivery of guideline concordant care, and additional innovations in the care delivery for patients with limited and extensive stage SCLC (LS-SCLC and ES-SCLC). For all stages of SCLC, initial treatment guidelines support the use of a multidisciplinary team and care coordination. New paradigms of treatment in both systemic and radiation therapy have emerged, presenting new options for patients with SCLC. Due to the aggressive nature of SCLC, applying up-to-date guideline concordant care and providing opportunities for clinical trial involvement is key to achieving the best outcomes for patients. However, barriers to achieving this level of care may be present at the health care provider, patient/family, and/or health system level. Identifying these barriers is key to understanding and addressing the obstacles that prevent patients from receiving optimal multi-disciplinary treatment and care coordination for SCLC. Through improving the quality of cancer care, this RFP aims to improve translation of best practices and current data in SCLC to the larger cancer community.

The intent of this RFP is to encourage NCCN Member Institutions to submit LOIs describing concepts and ideas for evaluating barriers to guideline concordant care in LS-SCLC and/or ES-SCLC and developing healthcare quality improvement initiatives to enhance patient care and outcomes. Investigations aimed at improving quality of SCLC care will be considered. Special consideration will be given to projects that incorporate patient reported outcomes, are sustainable and scalable across a variety of practice settings including the use of innovative technology. The committee will consider other proposals of interest if a compelling rationale to study a specific issue is provided.

National Comprehensive Cancer Network

The National Comprehensive Cancer Network® (NCCN®) is a not-for-profit [alliance of 32 leading cancer centers](#) devoted to patient care, research, and education. NCCN is dedicated to improving and facilitating quality, effective, efficient, and equitable cancer care so patients can live better lives. Through the leadership and expertise of clinical professionals at [NCCN Member Institutions](#), NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. By defining and advancing high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers around the world.

AstraZeneca in Oncology

AstraZeneca is leading a revolution in oncology with the ambition to provide cures for cancer in every form, following the science to understand cancer and all its complexities to discover, develop and deliver life-changing medicines to patients.

The Company's focus is on some of the most challenging cancers. It is through persistent innovation that AstraZeneca has built one of the most diverse portfolios and pipelines in the industry, with the potential to catalyze changes in the practice of medicine and transform the patient experience. AstraZeneca has the vision to redefine cancer care and, one day, eliminate cancer as a cause of death.

AstraZeneca

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development, and commercialization of prescription medicines in Oncology, Rare Diseases, and BioPharmaceuticals, including Cardiovascular, Renal & Metabolism, and Respiratory & Immunology. Based in Cambridge, UK, AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide.

2. Background

In the United States, there are over 200,000 new cases per year and over 150,000 deaths per year attributed to lung cancer. SCLC comprises approximately 15% (30,000) of those cases.¹ Many patients may present with significant pulmonary or vascular or CNS symptoms requiring urgent assessment and intervention.

SCLC is a disease for which breakthroughs have been elusive for years, but the past decade has brought new and novel treatments. Curative intent therapy remains the standard of care for LS-SCLC. Definitive local therapy with surgery or radiation combined with chemotherapy is the standard of care for most patients. Advances in radiation therapy and surgery have improved outcomes while limiting morbidity.^{2,3} For ES-SCLC, the use of chemotherapy and immunotherapy together with or without consolidative radiation therapy is the new standard for treatment. IMpower 133, a Phase III clinical trial showed significant improvement in one-year overall survival (OS) for patients receiving chemotherapy with atezolizumab versus chemotherapy alone (52% versus 38%), respectively, and median OS (12.3 months versus 10.3 months).⁴ Similarly, the CASPIAN trial randomized ES-SCLC patients to chemotherapy alone versus chemotherapy plus durvalumab, and showed a significant improvement in overall survival (34% versus 25%), with a hazard ratio of 0.73 (95% CI 0.59–0.91; p=0.0047] in the durvalumab plus platinum–etoposide group. The median overall survival was 13 months (versus 10.3 months) at 18 months with the addition of immunotherapy.⁵

ES-SCLC patients often present with brain metastasis and over 50% of LS-SCLC patients will go on to develop brain metastases, which has classically been treated with whole brain radiation therapy. However, tailored approaches to brain metastases using a combination of stereotactic radiosurgery (either single or multi-fraction) with or without whole brain radiation therapy offer additional treatment options for patients with brain metastases that may impact quality of life.^{6,7} Other adjunct treatments for ES-SCLC include prophylactic cranial irradiation (PCI) and consolidation radiation therapy for those demonstrating at least a partial response to chemotherapy.⁸ Modern radiation techniques, including PCI with hippocampal avoidance, result in less cognitive function decline without a decrease in intracranial control.⁹

While dramatic systemic responses often occur, the vast majority of patients eventually relapse. For LS-SCLC the median time to relapse is approximately 12 to 15 months, and for ES-SCLC, 6 months. Per NCCN guidelines, multiple options for relapsed SCLC exist, with a collective response rate of approximately 30%.¹⁰ Algorithms for relapsed SCLC are available, and depend on the time from the original SCLC treatment and the sensitivity of the relapse to first line therapy. Unfortunately, the median progression free survival after relapse is only 2 to 4 months, and median OS 6 to 10 months.

With the combination of recent novel approaches to SCLC and the presence of multiple ongoing clinical trials for all stages of disease, it is crucial that SCLC patients be triaged efficiently and effectively through these options. However, patterns in SCLC care in the United States demonstrate that these efforts are critically falling short. In a review of the National Cancer Database including more than 70,000 LS-SCLC patients, only 56% received guideline concordant concurrent chemoradiation. 21% received chemotherapy alone and 20% received no treatment at all.¹¹ Median OS was significantly lower when non-guideline concordant care was given (concurrent chemoradiation therapy 18.2 months, chemotherapy alone 10.5 months, no treatment 3.7 months). For ES-SCLC patients, the use of guideline concordant care is even more dismal, with less than 50% of ES-SCLC patients receiving appropriate first line chemotherapy. A current gap in knowledge is the uptake of combination chemotherapy and immunotherapy for ES-SCLC, as this guideline has only existed since 2019.

The overall aim of this RFP is to develop innovative approaches to reduce the gap in multi-disciplinary care and outcomes for both LS and ES-SCLC patients. This RFP seeks projects that could be quickly implemented, disseminated and scaled to improve the delivery of care to this patient population.

3. Eligibility

Geographic Scope:	United States
Eligibility Criteria:	<ul style="list-style-type: none"> • NCCN Member Institutions. • Collaboration between NCCN Member Institutions is strongly encouraged in order to foster the interactive sharing of knowledge and expertise, and to utilize the combined clinical strengths of members, particularly in the case of uncommon tumors. Although the submitting investigator must be from an NCCN Member Institution, participating co-investigators do not need to be at an NCCN Member Institution. This can also include cross-institutional collaboration for the conduct of correlative studies. • Proposal submissions from Junior Faculty are encouraged. • Trainees may participate as a sub-investigator under the appropriate mentorship from a PI from a NCCN Member Institution.

4. Requirements

Date RFP Issued:	May 18, 2022
Clinical Area:	Small Cell Lung Cancer (Extensive Stage and Limited Stage)
Areas of Interest for this RFP:	<p>The intent of this Request for Proposal (RFP) is to support proposals that seek to improve the quality of care of patients with SCLC.</p> <p>Only projects specific to improving access to and uptake of guideline concordant care for LS-SCLC and ES-SCLC at the patient/family, health care provider and/or systemic level will be considered for funding. Projects must be easily duplicated, or replicated, at other centers.</p>

<p>Areas of Interest for this RFP:</p>	<p>The areas of emphasis identified for this RFP include the following:</p> <ol style="list-style-type: none"> 1. Health Care Provider Level Needs and Opportunities <ul style="list-style-type: none"> • Identifying deviations from guideline concordant care and what interventions may improve clinical consistency • Identifying reasons for treatment refusal/no treatment • Assessment of strategies to develop or improve access to thoracic multi-disciplinary care teams • Studies examining disparities in SCLC care by social factors including but not limited to race, ethnicity, geography, insurance status • Quantifying and improving time to diagnosis and initiation of guideline concordant care • Understanding the impact of treatment delay or fragmentation of care for inpatients and outpatients • Quantifying and improving ways to maintain patients on guideline concordant care- adherence • Optimizing identification and management of immunotherapy and other treatment related toxicities 2. Patient and Caregiver Needs and Opportunities <ul style="list-style-type: none"> • Barriers to multi-disciplinary care • Barriers in access to clinical trial availability and participation • Access to and uptake of palliative care services for patients/families with SCLC • Delivery of comprehensive care for the unique needs of SCLC patients (social work support, nutrition, mental health counseling options, smoking cessation counseling) • Mitigating financial toxicity associated with receipt of comprehensive care for patients with SCLC (identifying influence of work, transportation, hospitalizations) 3. System Level Needs and Opportunities <ul style="list-style-type: none"> • Inclusion of ancillary staff and organizations to connect SCLC patients and caregivers to resources to assist in mitigating physical or financial barriers to treatment • Optimizing delivery of care to patients in underserved geographical areas/rural areas • Feasibility of telemedicine to improve multidisciplinary care for SCLC patients • Addressing stigma and nihilism regarding SCLC diagnosis among patients, caregivers and clinicians
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<p>Areas Not of Interest for this RFP:</p>	<p>Proposals in the following topic areas will be considered out-of-scope for this RFP:</p> <ul style="list-style-type: none"> • Screening trials • Basic science (exceptions may include biomarker, autoimmune, paraneoplastic, or correlative adjuncts) • Biobanking • Therapeutic interventional trials and discovery science (Care delivery interventional trials are within scope)
<p>Target Audience:</p>	<ul style="list-style-type: none"> • Anyone involved in the multi-disciplinary care of patients with SCLC. • Those with experience in care delivery and implementation science. • Collaborations with community practices are encouraged.
<p>Expected Approximate Monetary Range of Grant Applications:</p>	<ul style="list-style-type: none"> • There is \$672,000 available for funding which will be divided across all projects. • Study drug(s) will not be provided. • The intent is to fund individual projects capped at \$250,000 (direct and indirect costs) although smaller, lower-costs projects are encouraged. Funding greater than \$250,000 will be considered for exceptional proposals with detailed budget justification. • The maximum indirect (overhead) rate is 25% and must be included in the total grant request amount. • Applicants are required to disclose additional sources of funding for this project and demonstrate that funding does not overlap. • The decision relative to funding is deferred to the members of the Scientific Review Committee (SRC) as chosen by NCCN and independent of AstraZeneca.
<p>Key Dates:</p>	<ul style="list-style-type: none"> • RFP release date: May 18, 2022 • LOI Submission Deadline: June 27, 2022. Please note the deadline is 5:00 PM Eastern Time • Anticipated Notification Date: September 7, 2022 • Proposal Submission Deadline: October 19, 2022. Please note the deadline is 5:00 PM Eastern Time • Anticipated Grant Award Notification Date: November 30, 2022 • Period of Performance: Two years • Reporting and Dissemination of Results: Within 9 months of study completion

Questions:	<ul style="list-style-type: none"> If you have questions regarding this RFP, please direct them in writing to Nicole Zion, BS, CCRP, Clinical Research Manager, at zion@nccn.org with the subject “2022 NCCN AZ SCLC RFP”.
Selection Criteria:	<p>Applications will be evaluated on the basis of:</p> <ul style="list-style-type: none"> Knowledge of and experience with the area; Capability of carrying out the work; Collaboration if appropriate; Scalability and sustainability; Potential effect and expected outcomes of the project; and Dissemination strategies.
Review and Approval Process	<ul style="list-style-type: none"> An NCCN Request for Proposals Development Team (RFPDT) has been formed to oversee this process and will utilize a formalized review procedure to select the proposals of highest scientific merit. The NCCN RFPDT oversaw the development of this RFP and will perform the peer review of applications. All reviews, evaluations and award decisions are independent of AstraZeneca.
Mechanism by which Applicants will be Notified:	<ul style="list-style-type: none"> All applicants will be notified via email by the dates noted above. Applicants may be asked for additional clarification during the review period.

5. LOIs/Proposals

In order to respond to the RFP, investigators will submit an LOI in the format delineated below to NCCN, which will be evaluated by the NCCN Scientific Review Committee (SRC).

LOIs are required to be submitted electronically to the NCCN research portal at https://nccn.envisionpharma.com/ienv_nccn and include letters of support from the governing groups of the institution verifying:

- 1) Office of Sponsored Research approval
- 2) Department Chair/Division approval
- 4) Documentation to support feasibility of clinical trials with at least one of the following:
 - Letter from institution’s Feasibility Committee if applicable
 - Documentation by previous studies and accrual (if available, publications and abstracts)
- 5) Letter(s) of support from participating institutions including name of PI at participating institution and their feasibility

Letters should be addressed to Crystal Denlinger, MD, CSO, National Comprehensive Cancer Network, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462

LOIs will provide a brief synopsis of the research plan. A full proposal will only be needed if requested after the LOI review.

LOIs should contain detailed information regarding the following areas:

5.1 Study Information

A. General Information: Title/Type of Support/Subsite(s)

- Select “**Yes**” for Letter of Intent
- Select “**AZ01**” for RFPID
- Select “**Funding**” for Type of Support
- Enter your total Estimated Budget amount (a full budget will be requested if selected for full proposal submission.)

B. Investigators and institutional affiliations

C. Concept information

- Enrollment/Design/Phase
- Estimated time of completion
- Overview/Hypothesis/Abstract
- Background/Rationale
- Overall Goals & Objectives
- Current Assessment of Need in Target Area
- Target Audience
- Project Design and Methods
- Innovation
- Evaluation and Outcomes
- Anticipated Project Timeline
- Organizational Detail
- Detailed Work Plan
- Evaluation Design
- References
- Additional information

D. Oncology Analysis

- Tumor Type/Stage
- Correlative study information
- Budget Justification

E. Planned publications: Journal/Congress/Anticipated Dates

5.2 Ancillary Documentation

- A. An NCI format BioSketch of the Principal Investigator
- B. Supportive literature may be provided

6. LOI Requirements

6.1 Submission

All LOIs must be submitted electronically using the directions below and are due by **5:00 PM (Eastern) on June 27, 2022**. No exceptions will be granted.

- A. Please use the link below to register in the system:
https://nccn.envisionpharma.com/ienv_nccn
- B. Select “Register for New Account” in the upper right corner of the page, above the “Log In” button.
- C. Complete all fields (Note: Fields with an asterisk are required)
- D. You will receive a confirmation email. Click on the link in the email to activate your account.
- E. Enter your username and password (Note: Your user name is your email address. Do not copy and paste).
- F. Set up your security questions.
- G. Submit your study under the “**Non-Clinical Research**” Application Type.
 1. Select “**Yes**” for Letter of Intent
 2. Select “**AZ01**” for RFPID
 3. Select “**Funding**” for Type of Support
 4. Enter your total Estimated Budget amount (a full budget will be requested if selected for full proposal submission.)

For technical assistance with the iEnvision system, please contact iEnvision_general_request@envisionpharmagroup.com.

Studies that are already well-funded concepts, or are not consistent with the strategy for investigation as written in this RFP, will not be reviewed by the SRC.

For questions or issues, please e-mail Nicole Zion at zion@nccn.org with the subject line “**2022 NCCN AZ SCLC RFP**”.

6.2 Requirements if LOI/Proposal is Accepted for Funding

6.2.1 IRB requirements (as applicable): If a study requires IRB review and approval, the following applies:

6.2.1(a) Draft protocols will be reviewed by NCCN and the Grantor **prior** to IRB review (if applicable). **A copy of the draft protocol must be submitted to NCCN within 4 weeks after the study approval letter.** The protocol must be consistent with the approved proposal and all reviewer comments must be addressed.

6.2.1(b) All investigators will submit protocols for IRB review and document approval to NCCN prior to study activation and all collaborators will furnish evidence of IRB approval (if applicable). It is expected that IRB review and approval be completed **within 9 months** following NCCN notification of funding for the project.

6.2.2 Human Biological Specimens: If specimens are collected, informed consent and IRB approval must be obtained as appropriate for the study. Compliance with all federal regulations is required.

6.2.3 Serious Adverse Event Reporting: All serious adverse events will be reported to NCCN and the Grantor in addition to local regulatory authorities.

6.2.4 Institutional Monitoring (if applicable): All studies will be internally monitored in accordance with appropriate committees (e.g. institutional Data Safety and Monitoring Plan in the case of human studies). As required by institutional policy, a copy of any applicable Data Monitoring Plan for the study must be submitted to NCCN prior to NCCN approval of study activation.

6.2.5 Study Time Frames: All approved studies are expected to commence, defined as activation at the Institution, within three (3) months of notification of Study approval, unless IRB approval is required. If IRB approval is required by the Institution, activation must commence within nine (9) months after Institution is provided with notice of the approval by NCCN of such Study.

6.2.6 Progress Reports: Investigators will provide interim progress reports to NCCN detailing the progress of studies quarterly, and a final study report or manuscript within 9 months following study completion. These reports will be used administratively for funding purposes. If study progress or accrual lags behind the expected rate, the SRC may be asked for suggestions to improve study progress, or alternatively, to terminate the study and any further funding.

6.2.7 Abstracts and Manuscripts: Abstracts for presentation at scientific meetings and all publications of study results will be submitted to NCCN and AstraZeneca for review related to protection of companies' intellectual property and confidential information **prior to any submission**. Abstracts must be submitted at least 10 days prior to submission and manuscripts at least 30 days prior to submission. Manuscripts must be submitted to NCCN and Grantor for review within 9 months of study completion.

6.2.8 NCCN Multi-Institutional Studies: Collaborative studies between NCCN Member Institutions are encouraged. For these studies, the proposal feasibility section should provide information about data management and statistical analysis.

6.2.9 NCCN institutions and investigators will be responsible for conducting all studies in accordance with the applicable research plan, GCP Guidelines, and all applicable laws and regulations. NCCN institutions and investigators will be responsible for all data collection, statistical analysis and safety reporting.

6.2.10 Investigators must provide reasonable assurance that submitted studies will be able to reach completion within the time frames specified in Section 4.0.

6.2.11 Final protocols must be consistent with approved proposals. Funds will be rescinded if there are significant changes without prior NCCN approval. There will be no exceptions.

6.2.12 The Principal Investigator (PI) listed on the protocol must be the same PI listed on the proposal submission unless approved by NCCN.

6.2.13 Education Initiatives: Independence remains with respect to the education and practice gap initiatives supported and implemented through the Initiative. AstraZeneca and NCCN acknowledge the Accreditation Council for Continuing Medical Education ("ACCME") Standards for Integrity and Independence in Accredited Continuing Education to ensure the Independence of CME Activities ("ACCME Standards") as a benchmark for independence. All parties, regardless of the offer of Continuing Medical

Education (“CME”), will adhere to the ACCME Standards. If the Project is not certified CME for physicians (e.g., other healthcare professional education, quality improvement, etc.) ACCME Standards still apply.

6.2.14 Study Agreement: A study agreement will be signed between NCCN and each Institution awarded funding prior to commencement of the study.

7. Terms and Conditions

This RFP does not provide permission and license for the use (including the creation of derivative products) of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for commercial use.

Funding recipients will need to maintain a separate end-user or other license agreement directly with NCCN for use of the NCCN Guidelines.

8. References

1. Basumallik N, Agarwal M. Small Cell Lung Cancer. [Updated 2021 Jul 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482458/>
2. Chun SG, Hu C, Choy H, Komaki RU, Timmerman RD, Schild SE, Bogart JA, Dobelbower MC, Bosch W, Galvin JM, Kavadi VS, Narayan S, Iyengar P, Robinson CG, Wynn RB, Raben A, Augspurger ME, MacRae RM, Paulus R, Bradley JD. Impact of Intensity-Modulated Radiation Therapy Technique for Locally Advanced Non-Small-Cell Lung Cancer: A Secondary Analysis of the NRG Oncology RTOG 0617 Randomized Clinical Trial. *J Clin Oncol*. 2017 Jan;35(1):56-62. doi: 10.1200/JCO.2016.69.1378. Epub 2016 Oct 31. PMID: 28034064; PMCID: PMC5455690.
3. Anraku M, Waddell TK. Surgery for small-cell lung cancer. *Semin Thorac Cardiovasc Surg*. 2006 Fall;18(3):211-6. doi: 10.1053/j.semtcvs.2006.08.006. PMID: 17185181.
4. Horn L, Mansfield AS, Szczesna A, Havel L, Krzakowski M, Hochmair MJ, Huemer F, Losonczy G, Johnson ML, Nishio M, Reck M, Mok T, Lam S, Shames DS, Liu J, Ding B, Lopez-Chavez A, Kabbinavar F, Lin W, Sandler A, Liu SV; IMpower133 Study Group. First-Line Atezolizumab plus Chemotherapy in Extensive-Stage Small-Cell Lung Cancer. *N Engl J Med*. 2018 Dec 6;379(23):2220-2229. doi: 10.1056/NEJMoa1809064. Epub 2018 Sep 25. PMID: 30280641.
5. Paz-Ares L, Dvorkin M, Chen Y, Reinmuth N, Hotta K, Trukhin D, Statsenko G, Hochmair MJ, Özgüroğlu M, Ji JH, Voitko O, Poltoratskiy A, Ponce S, Verderame F, Havel L, Bondarenko I, Kazarnowicz A, Losonczy G, Conev NV, Armstrong J, Byrne N, Shire N, Jiang H, Goldman JW; CASPIAN investigators. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. *Lancet*. 2019 Nov 23;394(10212):1929-1939. doi: 10.1016/S0140-6736(19)32222-6. Epub 2019 Oct 4. PMID: 31590988.
6. Rusthoven CG, Yamamoto M, Bernhardt D, Smith DE, Gao D, Serizawa T, Yomo S, Aiyama H, Higuchi Y, Shuto T, Akabane A, Sato Y, Niranjana A, Faramand AM, Lunsford LD, McInerney J, Tuanquin LC, Zacharia BE, Chiang V, Singh C, Yu JB, Braunstein S, Mathieu D, Touchette CJ, Lee CC, Yang HC, Aizer AA, Cagney DN, Chan MD, Kondziolka D, Bernstein K, Silverman JS, Grills IS, Siddiqui ZA, Yuan JC, Sheehan JP, Cordeiro D, Nosaki K, Seto T, Deibert CP, Verma V, Day S, Halasz LM, Warnick RE, Trifiletti DM, Palmer JD, Attia A, Li B, Cifarelli CP, Brown PD, Vargo JA, Combs SE, Kessel KA, Rieken S, Patel S, Guckenberger M, Andratschke N, Kavanagh BD, Robin TP. Evaluation of First-line Radiosurgery vs Whole-Brain Radiotherapy for Small Cell Lung Cancer Brain Metastases: The FIRE-SCLC Cohort Study. *JAMA Oncol*. 2020

Jul 1;6(7):1028-1037. doi: 10.1001/jamaoncol.2020.1271. Erratum in: JAMA Oncol. 2020 Sep 1;6(9):1473. PMID: 32496550; PMCID: PMC7273318.

7. Robin TP, Rusthoven CG. Radiosurgery for small-cell lung cancer brain metastases: a review. *J Thorac Dis.* 2020 Oct;12(10):6234-6239. doi: 10.21037/jtd.2020.03.90. PMID: 33209462; PMCID: PMC7656430.
8. Slotman BJ, Njo KH, de Jonge A, Meyer OW, Karim AB. Consolidative thoracic radiotherapy and prophylactic cranial irradiation in limited disease small cell lung cancer. *Lung Cancer.* 1993 Dec;10(3-4):199-208. doi: 10.1016/0169-5002(93)90180-6. PMID: 8075967.
9. Rodríguez de Dios N, Couñago F, Murcia-Mejía M, Rico-Oses M, Calvo-Crespo P, Samper P, Vallejo C, Luna J, Trueba I, Sotoca A, Cigarral C, Farré N, Manero RM, Durán X, Gispert JD, Sánchez-Benavides G, Rognoni T, Torrente M, Capellades J, Jiménez M, Cabada T, Blanco M, Alonso A, Martínez-San Millán J, Escribano J, González B, López-Guerra JL. Randomized Phase III Trial of Prophylactic Cranial Irradiation With or Without Hippocampal Avoidance for Small-Cell Lung Cancer (PREMER): A GICOR-GOECF-SEOR Study. *J Clin Oncol.* 2021 Oct 1;39(28):3118-3127. doi: 10.1200/JCO.21.00639. Epub 2021 Aug 11. PMID: 34379442.
10. Ganti AKP, Loo BW, Bassetti M, Blakely C, Chiang A, D'Amico TA, D'Avella C, Dowlati A, Downey RJ, Edelman M, Florsheim C, Gold KA, Goldman JW, Grecula JC, Hann C, Iams W, Iyengar P, Kelly K, Khalil M, Koczywas M, Merritt RE, Mohindra N, Molina J, Moran C, Pokharel S, Puri S, Qin A, Rusthoven C, Sands J, Santana-Davila R, Shafique M, Waqar SN, Gregory KM, Hughes M. Small Cell Lung Cancer, Version 2.2022, NCCN Clinical Practice Guidelines in Oncology. *J Natl Compr Canc Netw.* 2021 Dec;19(12):1441-1464. doi: 10.6004/jnccn.2021.0058. PMID: 34902832.
11. Pezzi TA, Schwartz DL, Mohamed ASR, Welsh JW, Komaki RU, Hahn SM, Sepesi B, Pezzi CM, Fuller CD, Chun SG. Barriers to Combined-Modality Therapy for Limited-Stage Small Cell Lung Cancer. *JAMA Oncol.* 2018 Aug 1;4(8):e174504. doi: 10.1001/jamaoncol.2017.4504. Epub 2018 Aug 9. PMID: 29302695; PMCID: PMC5885163.