

Multidisciplinary Myelosuppression Prevention in ES-SCLC

Procedures, Protocols, and Workflows

Defining the Roles and Responsibilities of ES-SCLC Team Members

The implementation of preventative myelosuppressive strategies requires a coordinated multidiscplinary approach.

While individual responsibilities may vary across practice settings, understanding the key roles of each team member is essential to optimizing care coordination in ES-SCLC management.









Physician	Advanced practice provider	Nurse	Clinical pharmacist
Pre-treatment risk-stratification Perform febrile neutropenia risk assessment, including assessment of patient risk factors			**Access, assistance, and drug optimization** ■ Submit/manage prior authorization ■ Provide financial assistance resources ■ Perform drug screening ■ Verify chemotherapy dosing and need for dose adjustments ■ Coordinate treatment sequencing ■ Monitor symptoms/labs to prompt supportive care intervention
Prescriber roles Assess treatment indications and best practices for prophylactic therapies (e.g., trilaciclib, G-CSF)			
Myelosuppression detection and safety ■ Perform medication reconciliation ■ Assess, document, and manage changes in clinical/performance status, treatment-related toxicities, and psychosocial concerns before, during, and after infusion ■ Escalate care per institutional fever/neutropenia pathways ■ Escalate to prescriber if reactive/lineage-specific therapies are required			

Coordinating Care Across Practice Settings

Pre-treatment
Clinic and Pharmacy



Comprehensive assessment	Preventative strategies
■ History/physical and performance status ■ Risk assessment[a] ■ Baseline labs ■ Prior therapies/toxicities ■ Medication reconciliation ■ Psychosocial assessment	■ Assess trilaciclib eligibility ■ Initiate prior authorization and facilitate financial assistance ■ Consider primary/secondary prophylaxis with G-CSF

Treatment Delivery
Pharmacy and Infusion Center



Pre-infusion	Trilaciclib administration	Chemotherapy administration and post-infusion
Pharmacy/infusion center Review treatment plans, labs, and care orders	*Pharmacy* Verify dose, preparation, and requirements	*Pharmacy* Monitor supportive care needs, manage refills, and address drug shortages
Pharmacy Confirm prior authorization status, complete drug-drug interaction screening and medication reconciliation	*Infusion center* Administer IV over 30 minutes within 4 hours prior to chemotherapy	*Infusion center* Monitor labs and for infusion-related reactions

[a] Important risk factors include prior chemotherapy or radiation therapy, persistent neutropenia, bone marrow involvement by tumor, recent surgery and/or open wounds, liver dysfunction (bilirubin >2.0), renal dysfunction (creatinine clearance <50), age >65 years receiving full chemotherapy dose intensity

Navigating Escalation Pathways

Pharmacy and infusion teams monitor and assess laboratory abnormalities, treatment-limiting toxicities, and clinical symptoms to:

- Determine whether the primary team should be notified
- Triage patients for urgent or emergent evaluation and care, when needed
- Adhere to institutional protocols
- Identify when dose adjustments are needed
- Escalate supportive care, when appropriate



Real-time communication among the clinic, infusion center, and pharmacy is essential to ensure timely intervention and coordinated patient care.

ABBREVIATIONS

ES-SCLC: extensive-stage small cell lung cancer
G-CSF: granulocyte colony-stimulating factor

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