

“ Many neurologic and endocrine paraneoplastic syndromes... including Lambert-Eaton myasthenic syndrome [LEMS]... are associated with small cell lung cancer [SCLC]. ”

–NCCN Clinical Practice Guidelines in Oncology (NCCN®), Small Cell Lung Cancer, 2024¹

UNCOVERING LEMS IN PATIENTS WITH SCLC

LEMS IS THE MOST COMMON ANTIBODY-MEDIATED PARANEOPLASTIC NEUROLOGIC SYNDROME ASSOCIATED WITH SCLC²

1 Ask your patient if they are experiencing any of these hallmark signs and symptoms of LEMS³ (check all that apply)

NEUROMUSCULAR SYMPTOMS	AUTONOMIC SYMPTOMS
<input type="checkbox"/> Oculobulbar involvement (50%)	<input type="checkbox"/> Dry mouth (83%)
<input type="checkbox"/> Proximal arm muscle weakness (78%)	<input type="checkbox"/> Orthostatic hypotension (29%)
<input type="checkbox"/> Proximal leg muscle weakness (97%)	<input type="checkbox"/> Constipation (34%)
<input type="checkbox"/> Distal leg muscle weakness (31%)	<input type="checkbox"/> Impotence (65%)

2 In some patients, a waddling gait may be indicative of LEMS^{4,5} (check the box that best describes their gait)

- Patient walks with a waddling gait
- Patient **does not** walk with a waddling gait

Scan the code to watch a classic example of “LEMS gait.”



3 Order confirmatory testing when LEMS is suspected

- Confirm suspected LEMS cases with an anti-voltage-gated calcium channel (anti-VGCC) antibody test and/or electrodiagnostic testing³

“ If a paraneoplastic neurologic syndrome is suspected, consider obtaining a neurologic consultation and/or comprehensive paraneoplastic antibody panel. ”

–NCCN Guidelines^{®1}

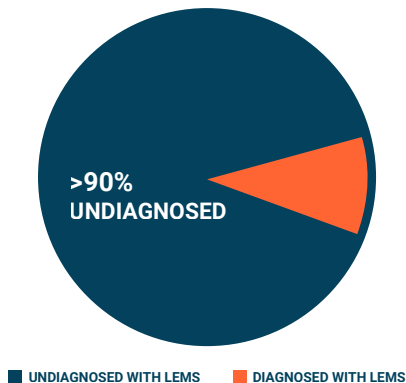
WHY LEMS REQUIRES VIGILANCE IN PATIENTS WITH SCLC

10% OF PATIENTS WITH LUNG CANCER—INCLUDING SCLC—DEVELOP A PARANEOPLASTIC SYNDROME^{2,6}, INCLUDING LEMS⁷

Symptoms of LEMS can appear ≥ 5 years before, after, or at the time of cancer diagnosis.⁸

AN ANALYSIS OF CLAIMS DATA SUGGESTS >90% OF LEMS CASES ASSOCIATED WITH SCLC MAY BE UNDIAGNOSED WITH LEMS⁹

ESTIMATED PREVALENCE OF PATIENTS WITH CO-OCCURRING SCLC AND LEMS⁹



Symptoms of LEMS, including debilitating muscle weakness and fatigue, can resemble direct effects of tumor burden and/or side effects of anticancer therapies and may be difficult to distinguish.^{6,10,11}

- Left untreated, LEMS patients will experience a **progressive loss of muscle strength and functional mobility**, which can significantly impair their quality of life and independence.⁴



Scan the code to review this poster presentation for yourself.

“ It is important that physicians are aware of this rare disease to ensure that patients with LEMS receive an early diagnosis and prompt and appropriate treatment to relieve their clinical symptoms and improve the restrictions on ADL [activities of daily living], overall health status, and HRQoL [health-related quality of life]. ”

—Harms et al, 2012⁴

Request a free LEMS antibody test by scanning the QR code or calling 1-833-422-8259.



Early recognition of LEMS can lead to optimal management of symptoms and improved quality of life (eg, mobility) and may improve survival in patients with cancer-associated LEMS.^{3,4}

References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Cell Lung Cancer (V.2.2025). © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed September 10, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 2. Gandhi L, Johnson BE. Paraneoplastic syndromes associated with small cell lung cancer. *J Natl Compr Canc Netw*. 2006;4(6):631-638. 3. Titulaer MJ, Lang B, Verschuuren JJ. Lambert-Eaton myasthenic syndrome: from clinical characteristics to therapeutic strategies. *Lancet Neurol*. 2011;10(suppl):1098-1107. 4. Harms L, Sieb J-P, Williams AE, et al. Long-term disease history, clinical symptoms, health status, and healthcare utilization in patients suffering from Lambert Eaton myasthenic syndrome: results of a patient interview survey in Germany. *J Med Econ*. 2012;15(3):521-530. 5. National Organization for Rare Disorders (NORD) website. Rare disease database: Lambert-Eaton myasthenic syndrome. Accessed November 1, 2023. <https://rarediseases.org/rare-diseases/lambert-eaton-myasthenic-syndrome/>. 6. Kanaji N, Watanabe N, Kita N, et al. Paraneoplastic syndromes associated with lung cancer. *World J Clin Oncol*. 2014;5(3):197-223. 7. Soomro Z, Youssef M, Yust-Katz S, Jalali A, Patel AJ, Mandel J. Paraneoplastic syndromes in small cell lung cancer. *J Thorac Dis*. 2020;12(10):6253-6263. 8. Wirtz PW, Smallegange TM, Wintzen AR, Verschuuren JJ. Differences in clinical features between the Lambert-Eaton myasthenic syndrome with and without cancer: an analysis of 227 published cases. *Clin Neurol Neurosurg*. 2002;104(4):359-363. 9. Morrell D, Drapkin B, Shechter G, Grebla R. Lambert-Eaton myasthenic syndrome is underrecognized in small cell lung cancer: an analysis of real-world data. Poster presented at: IASLC 2023 World Conference on Lung Cancer. Sept 9-12, 2023, Singapore. 10. Huot JR, Pin F, Bonetto A. Muscle weakness caused by cancer and chemotherapy is associated with loss of motor unit connectivity. *Am J Cancer Res*. 2021;11(6):2990-3001. 11. Waning DL, Guise TA. Cancer-associated muscle weakness: What's bone got to do with it? *Bonekey Rep*. 2015;4:691.