

Clinical Trial of New Immunotherapy Drug Helps Keep Ian Lancaster's Lung Cancer Under Control

Erin Schenk, MD, PhD, oversees the trial of the T-cell engager medicine used for Ian's lung cancer at the University of Colorado Cancer Center.

August 15, 2024 By University of Colorado Cancer Center and Greg Glasgow

Working in construction for more than 10 years, Ian Lancaster knew he wasn't being as careful as he should when it came to protecting his lungs.

"A lot of guys in construction don't seem to care about it, or they're not educated about how delicate the lungs are," he says. "I didn't wear a respirator all the time, even though I was always around dust. I slowly developed a cough, but in my industry, it's common to have a cough. Everyone in construction is constantly coughing."

Diagnosis and treatment

Lancaster's lungs became more of a concern in September 2022, when his fiancée realized she could hear him breathing from across the room while the two were working out at a local gym. He decided to get checked out by his doctor. He was first diagnosed with asthma, but the coughing and breathing problems continued. Doctors eventually ordered an X-ray, and Lancaster was diagnosed with small cell [lung cancer](#), a rare type of lung cancer that grows and spreads quickly.

"I feel truly blessed," Ian Lancaster says. "I am so grateful for this treatment." For #WorldLungCancerDay, read about...

Posted by [University of Colorado Cancer Center](#)

on [Thursday, August 1, 2024](#)

“Things blew up after that — they did a PET scan and a biopsy, they found a large mass, and I met with the oncologists,” he says. “Within a couple of days, they admitted me to the hospital for chemo.”

There was more bad news to come for Lancaster, who had just turned 40 — an MRI he received while he was in the hospital revealed that the cancer had spread to his brain. The lesions were treated with radiation while the chemo continued. The treatments helped his symptoms, but the cancer wasn’t completely under control.

Switching to a clinical trial

In December 2022, Lancaster’s insurance changed, and he switched his care to providers at the [University of Colorado Cancer Center](#). There, the treatment for his lung cancer took a dramatic shift.

“They told me about a clinical trial for an immunotherapy drug, and my doctor said, ‘If you have an opportunity to do a trial, do it,’” Lancaster remembers. “He said, ‘Think of it like this: Chemo is your old station wagon, and these new immunotherapies are a Tesla.’”

Lancaster started on the treatment — a weekly infusion he receives at an infusion center — in March 2023, and his disease has been under control since then, says one of his CU Cancer Center doctors, [Erin Schenk](#), MD, PhD, assistant professor of [medical oncology](#) at the [CU School of Medicine](#).

“Ian is on a drug that is revolutionizing care for patients with small cell lung cancer,” she says. “It’s a new type of immunotherapy called a T-cell engager. When I describe it to patients, I describe it as a drug with two sticky ends. One end sticks to the cancer, and the other end sticks to the immune system. It pulls in immune cells to the cancer, so the immune cells can come in and kill the cancer. Ian has had great benefit from this medicine that’s lasted well over a year, which is rare for small cell lung cancer.”

Cancer center advantage

Schenk oversees the multisite clinical trial of the drug at the CU Cancer Center, where she has seen other patients have similar results, including tumors shrinking and becoming better controlled. Access to clinical trials, she says, is one of the many advantages of receiving care at cancer centers such as the one at CU.

“We have doctors, advanced practice providers, and nurses within the hospital system who are

dedicated to these patients and know how to manage the side effect profile that that might happen,” she says. “We also have an incredible clinical trials team that helps us navigate between the hospital system and the outpatient side, because once patients get the first couple of doses under their belts, we can then treat them in the clinic. There’s a level of specialization and expertise in managing these medicines and side effects that’s critical to help people do as well as possible on these medicines and help people like Ian do better for hopefully a long time.”

Helping others

Lancaster knows being part of the trial has a larger benefit as well — contributing to research that has the potential to help other patients like him in the years to come.

“I hope the trial keeps going, and I hope I can continue to do well, and I hope that whatever data I can offer will help other people have as much success as I have had,” he says.

As he prepares to get married at the end of August, Lancaster can’t help but look back on the journey that led him to the CU Cancer Center and the clinical trial of a lifesaving drug.

“I feel truly blessed,” he says. “I am so grateful for this treatment. Chemo is almost 100 years old, and I’m super stoked and excited that there is something new. I’m grateful for chemo, too. I feel like it did help me in the beginning. I know a lot of people have a lot of success with it, but for the people who don’t, I’m glad there’s something else.”

And now, the respirator he once ignored is a permanent staple for him when he works.

“I wear it all the time,” he says. “I’ve seen guys laugh at other guys for wearing respirators while sweeping dust, but I tell the younger guys, ‘Get respirators — get them, buy them, I’ll get them for you. Take it seriously.’”

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