THE AMAZING CASE RACE

CASE STUDY 05

2023 ACADEMY

IASLC

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

Diagnosis and management of multi-synchronous lung adenocarcinoma

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LEARNING GOALS

Goal 1: Understanding the diagnostic flow and clinical staging of patients presenting with multiple lung nodules that are suspected of multi-synchronous lung adenocarcinomas.

Goal 2: Recognizing how to distinguish multi-synchronous lung cancers from lung-to-lung metastasis clinically.

Goal 3: Choosing which lung cancer to treat first and which treatment modality should be administered with consideration of further management of other multiple lesions.

Goal 4: Understanding multi-disciplinary management and staged treatment strategies for curative intent.

BACKGROUND

J.K is a 55-year-old woman with no smoking history and a negative familial history of lung cancer.

On her routine health check-up, she presented with abnormal chest X-ray findings of of suspicious nodular opacity.

She did not have any respiratory symptoms or recent weight loss.

Due to the abnormal chest X-ray that revealed a nodular lesion at the right middle lung zone, she was recommended to undergo a chest CT.

CURRENT PRESCRIPTIONS

- none

COMORBIDITIES/MED HX

- none

OVERALL DIAGNOSIS

Probable multi-synchronous early-stage adenocarcinomas and multifocal pre-cancerous lesions in both lungs.

TESTING

CT SCAN: CHEST

Findings:

- Multifocal subsolid nodules (up to 10) in both lungs.
- The largest nodule was 1.8cm at the right upper lobe (RUL) with mixed solid proportions and minor fissure retraction (***Figure 1a***).
- The second largest nodule was located at the left upper lobe (LUL) with a total size of 1.5cm with 6mm solid portions (***Figure 1b***).
- Other subsolid nodules varied in size and solid portions ranging from 6mm without any solid portion to 10mm with 4mm of solid portion.
- No enlarged mediastinal lymph nodes were detected.

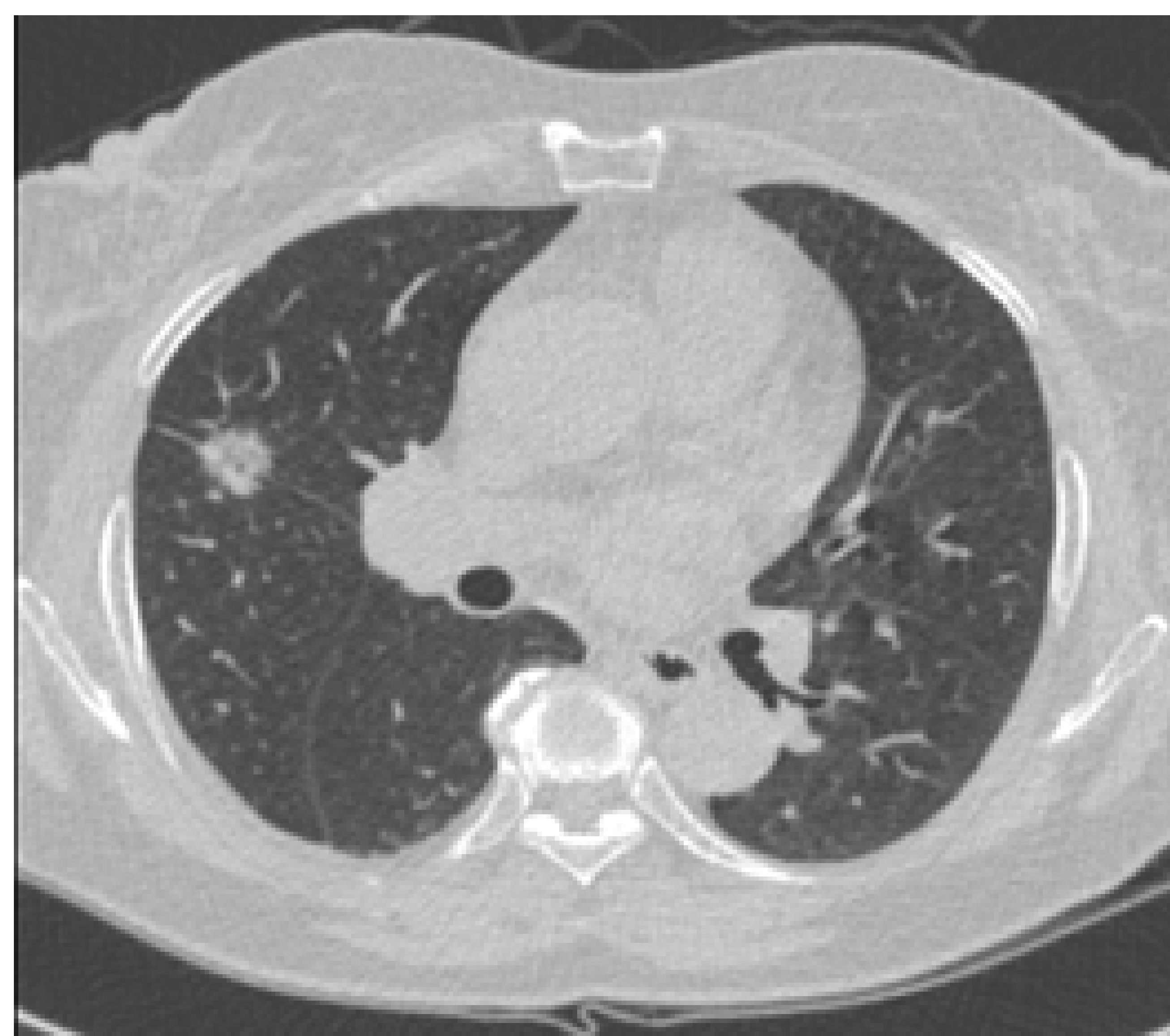


Figure 1a. *RUL nodule*

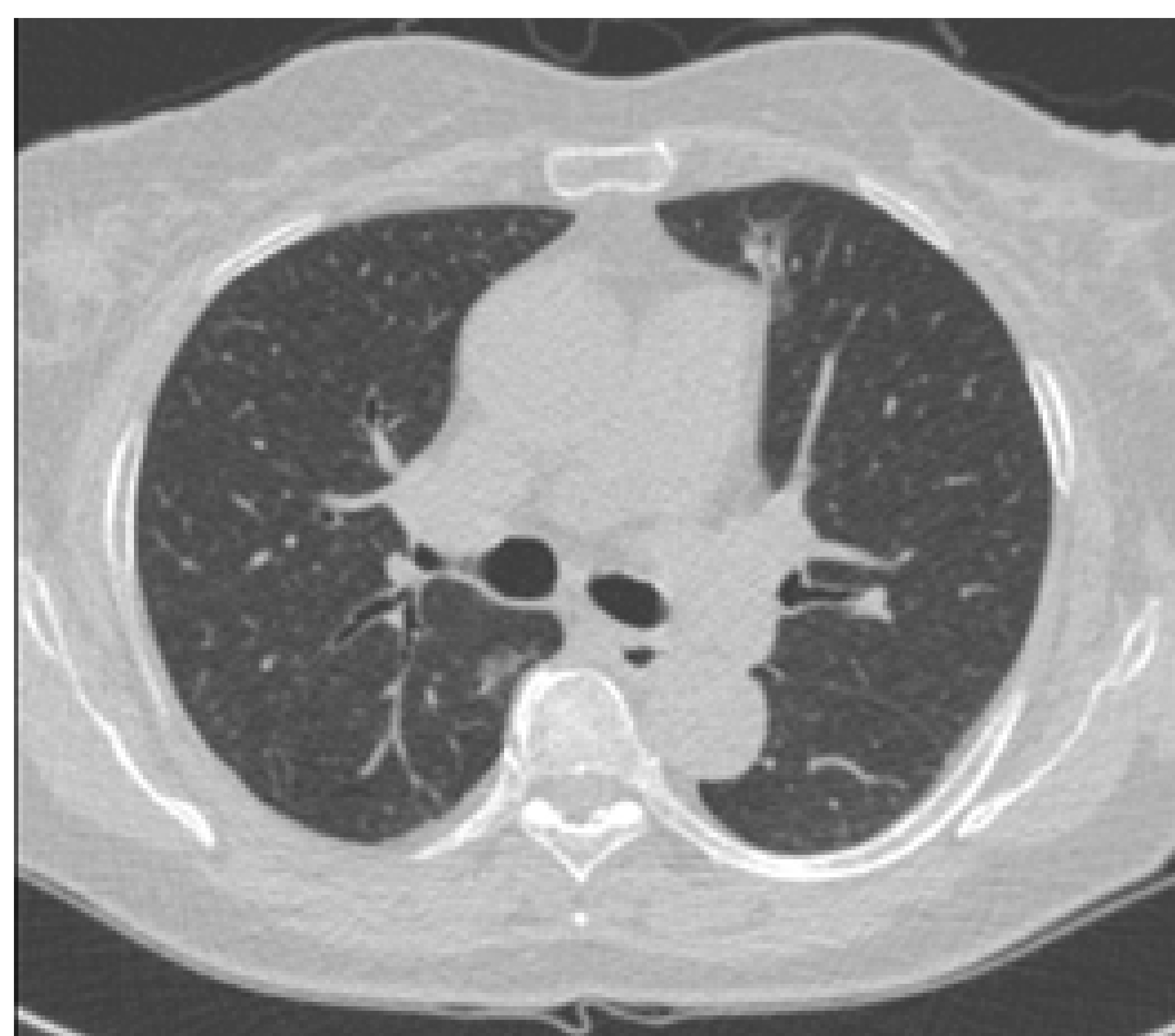
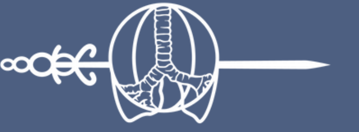


Figure 1b. Nodules at LUL and RLL



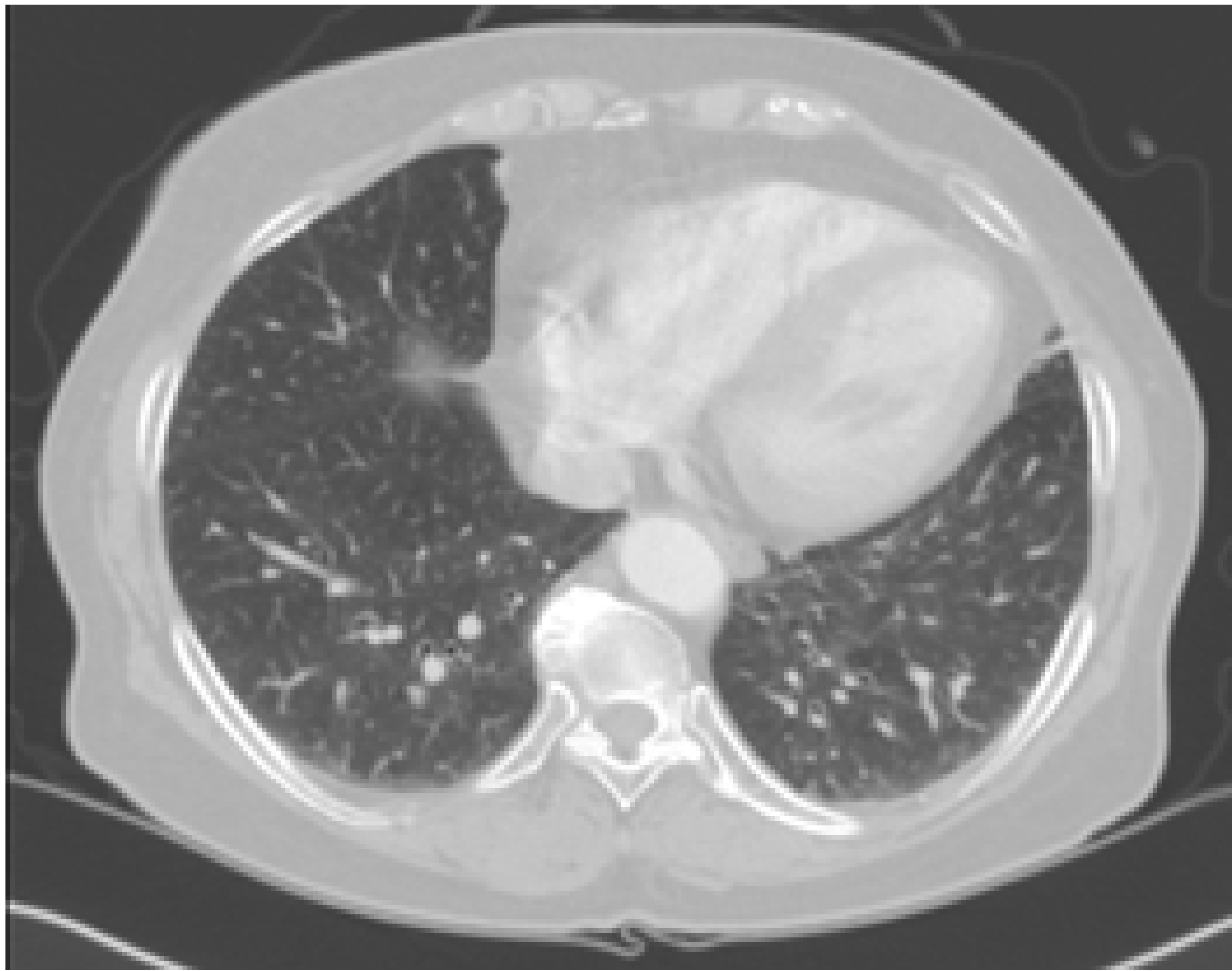


Figure 1c. Other subsolid nodules at BLL

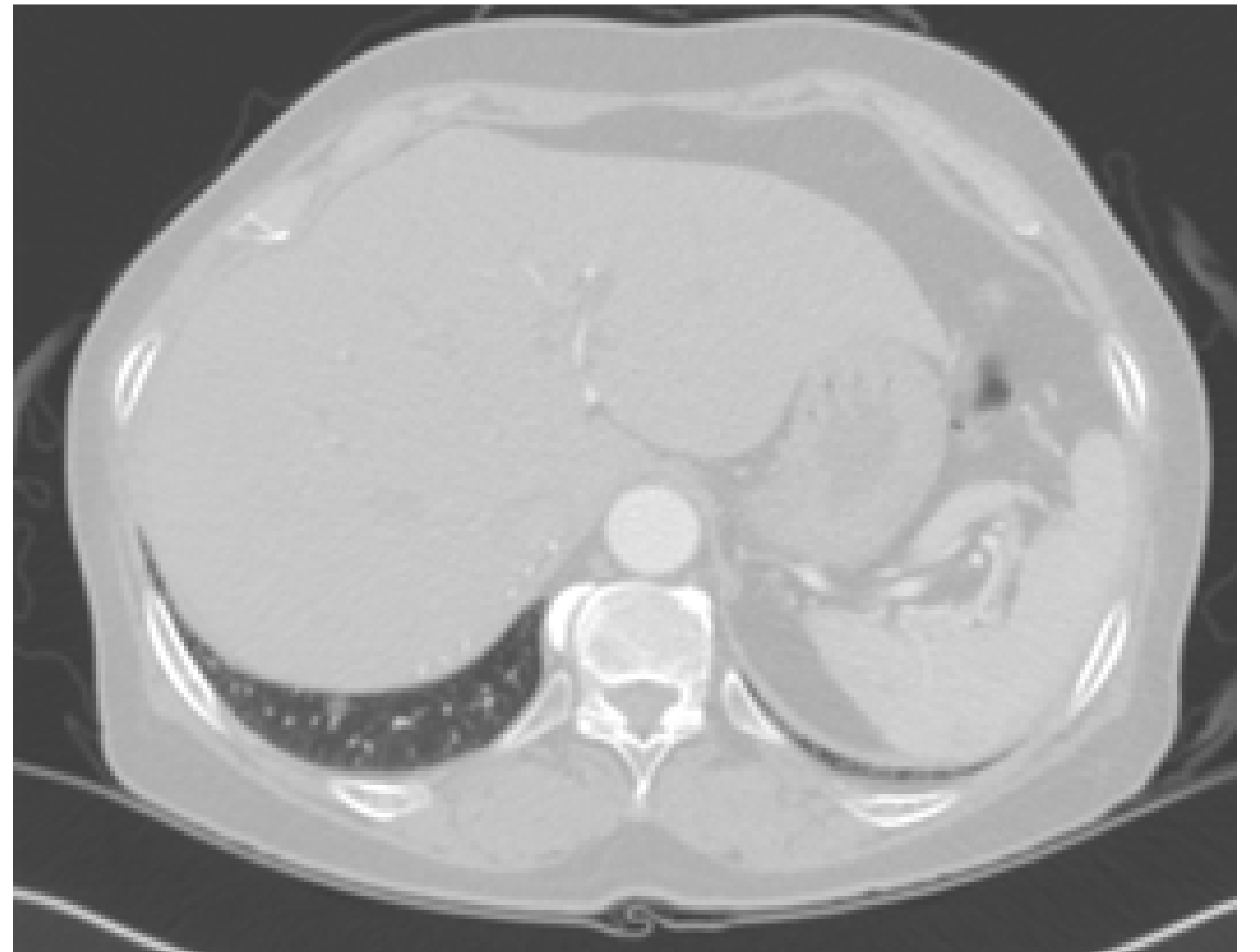


Figure 1d Other subsolid nodules at RLL

ADDITIONAL TESTING

WHOLE BODY PET SCAN

Revealed mild uptake of the right upper lobe nodule (max SUV1.5) and subtle uptake of the left upper lobe nodule (max SUV 0.8). No abnormal FDG update was observed in other multifocal subsolid nodules in both lungs or mediastinal lymph notes (***Figures 2a-b***).

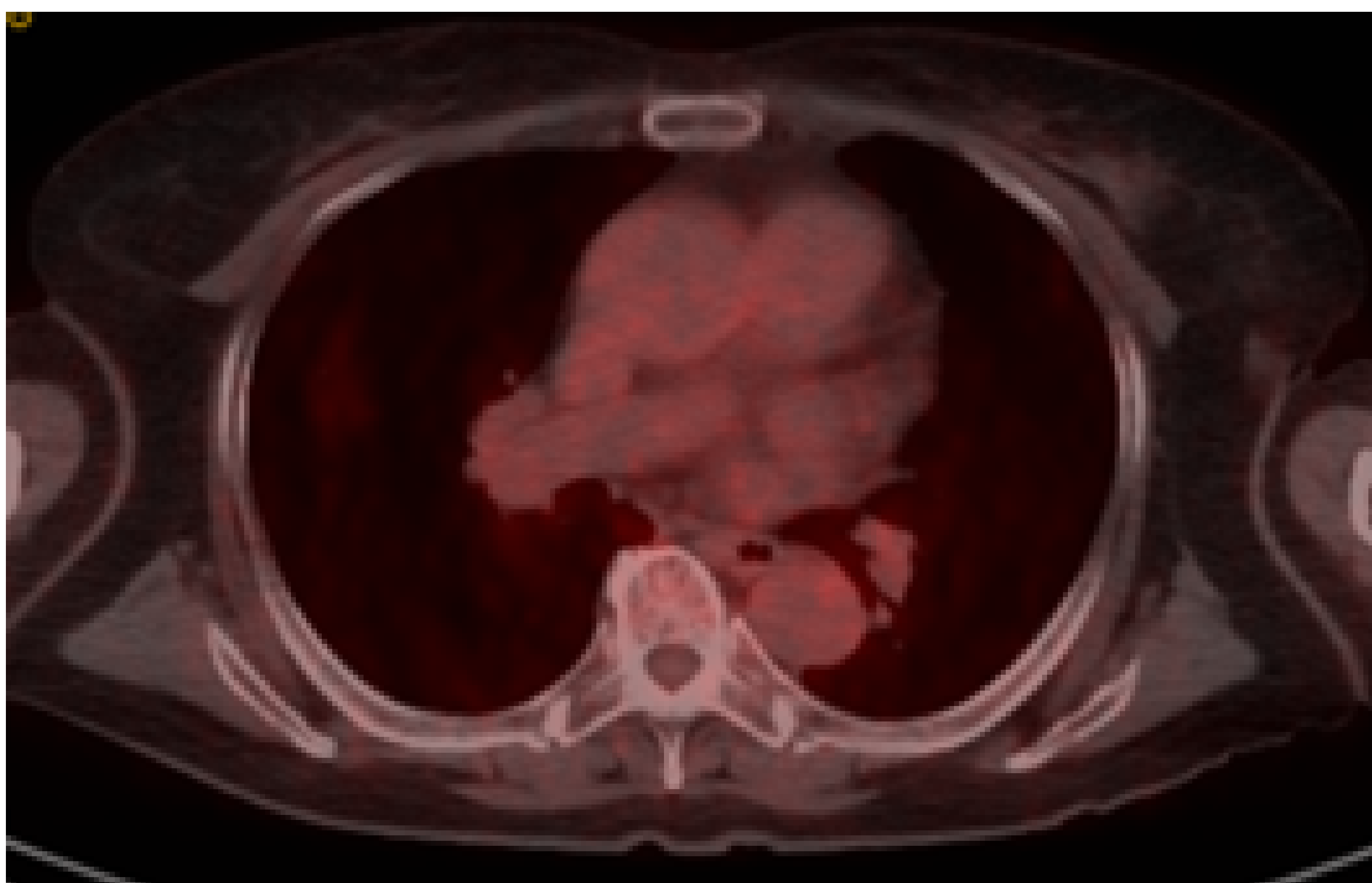


Figure 2a

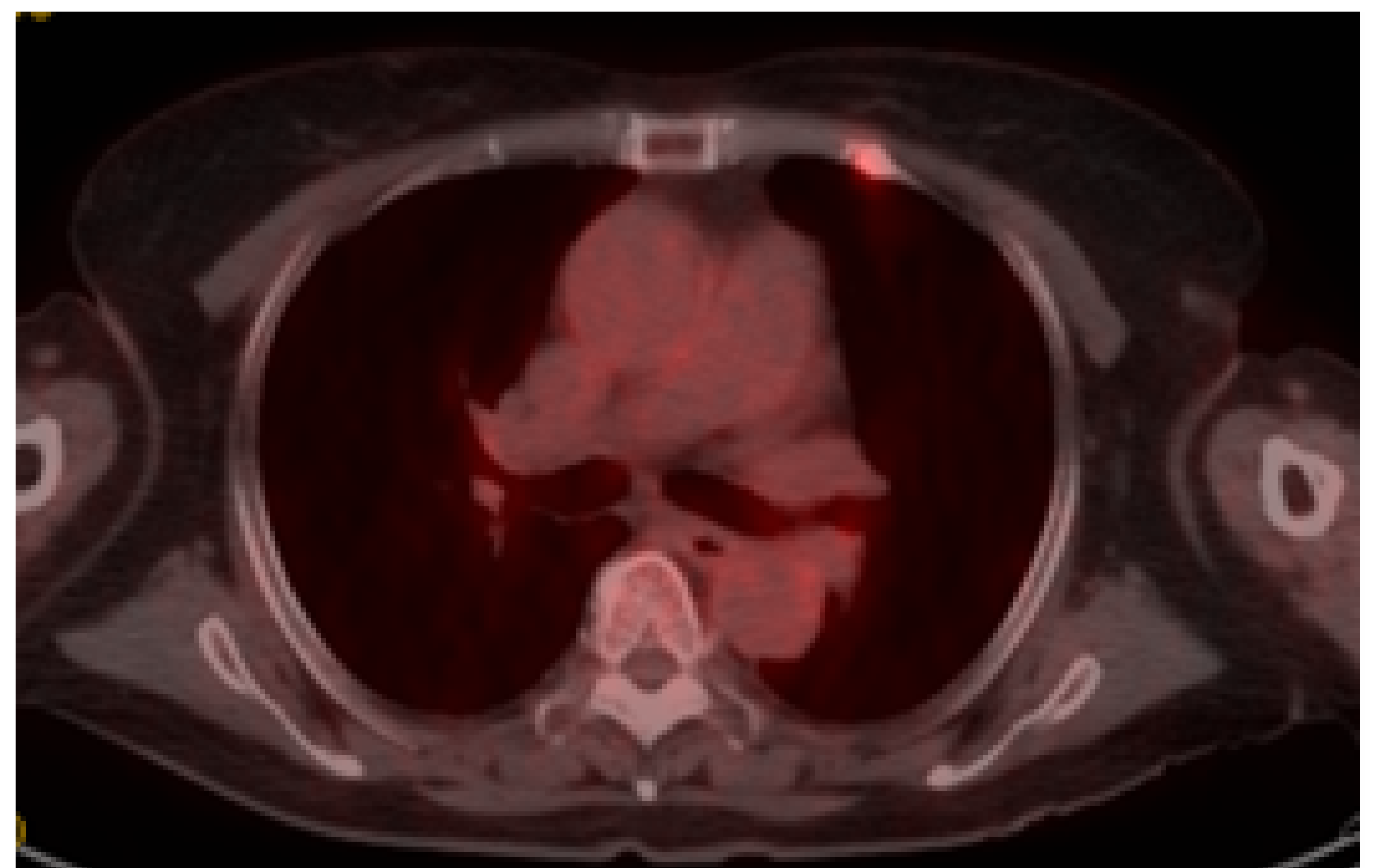


Figure 2b

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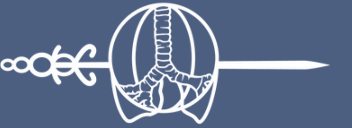

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