

THE AMAZING CASE RACE

CASE STUDY 12

IASLC

INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER

Management of care for patients with advanced NSCLC with endobronchial occlusion and hemoptysis

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LEARNING GOALS

Goal 1: Recognizing the currently staging management guidelines before planning clinical/surgical treatment.

Goal 2: Choosing appropriate workup and testing procedures when a patient has locally advanced disease vs metastatic disease.

Goal 3: Implementing effective techniques for identifying and managing hemoptysis and airway obstruction in NSCLC patients.

Goal 4: Shared decision-making (SDM) in lung cancer management.

BACKGROUND

N.S. is a 63-year-old female with 45 pack-year smoking. She quite smoking a year ago and started regular physical activity by recommendation of her cardiologist.

She lives alone and comes to the consult with her unique son. She is retired as a cooker 10 years ago. There is no previous history of cancer in her family.

Last month, she began a recurrent cough and dyspnea, especially after exercise and she decided to return to Cardiology.

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CURRENT PRESCRIPTIONS

- Nifedipine 10ng PO Q8h
- Metformin 500mg PO q8h

COMORBIDITIES/MED HX

- Consult with general surgery 3 months ago for lipoma evaluation.
- Diabetes mellitus type 2
- Hypertension
- Obesity (IMC 33)
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- No relevant familial history of cancer.

OVERALL DIAGNOSIS

A LLL heterogeneous mass (>7cm), with endobronchial obstruction without mediastinal adenomegaly and ipsilateral 1,9cm in RUL solid nodule in a patient with moderate cardiovascular risk.

TESTING

- Complementary investigation of angina with an angio CT-scan revealed a complete atelectasis of left, lower lobe (LLL) by a heterogeneous lung lesion, measuring 7.5cm, with occlusion of the lower lobe bronchi, infracentimetrics (<cm) ipsilateral hilar and mediastinal nodes.
- No pleural effusion, vascular invasion, or chest wall invasion was present.
- A contra-lateral solid 1,9cm right upper lobe (RUL) nodule is also present.
- Presence of bilateral aorto-iliac atherosclerosis was seen at the angio-scan.

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ADDITIONAL TESTING

PET CT

- LLL obstructive mass (SUVmax: 26.2)
- Hilar and subcarinal and periesophageal lymph nodes (SUVmax:4).
- RUL solid node, 2,0cm (SUVmax; 9,0)

- Left lower lobe pulmonary hypermetabolic tumor with multiple left hilar, mediastinal bilaterally.
- Left supraclavicular adenopathies.
- Nodule in the right lower lobe.

BRAIN MRI

- Ischemic supratentorial microangiopathy.
- No secondary nodules.

PFT

- VEF1 1.53 (53% predicted 8% response after salbutamol 400mcg), CVF 1,75 (56% of predicted), VEF1/CVF 96%

EKG

- Left atrial overload, with poor R wave progression (V1-V3)

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about this case?**

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