

THE AMAZING CASE RACE

CASE STUDY 15

2023 ACADEMY

IASLC



INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER

Management of care for patients with NSCLC

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LEARNING GOALS

Goal 1: Shared decision-making
in lung cancer management.

Goal 2: Radiotherapy planning.

Goal 3: Brachial Plexus as an
organ-at-risk.

BACKGROUND

86-year-old male, former smoker, with a history of T2N2bM0 SCC of the oropharynx s/p resection and adjuvant chemoradiation in 2007 with a left upper lobe biopsy proven poorly-differentiated SCC, measuring approximately 3.7cm.

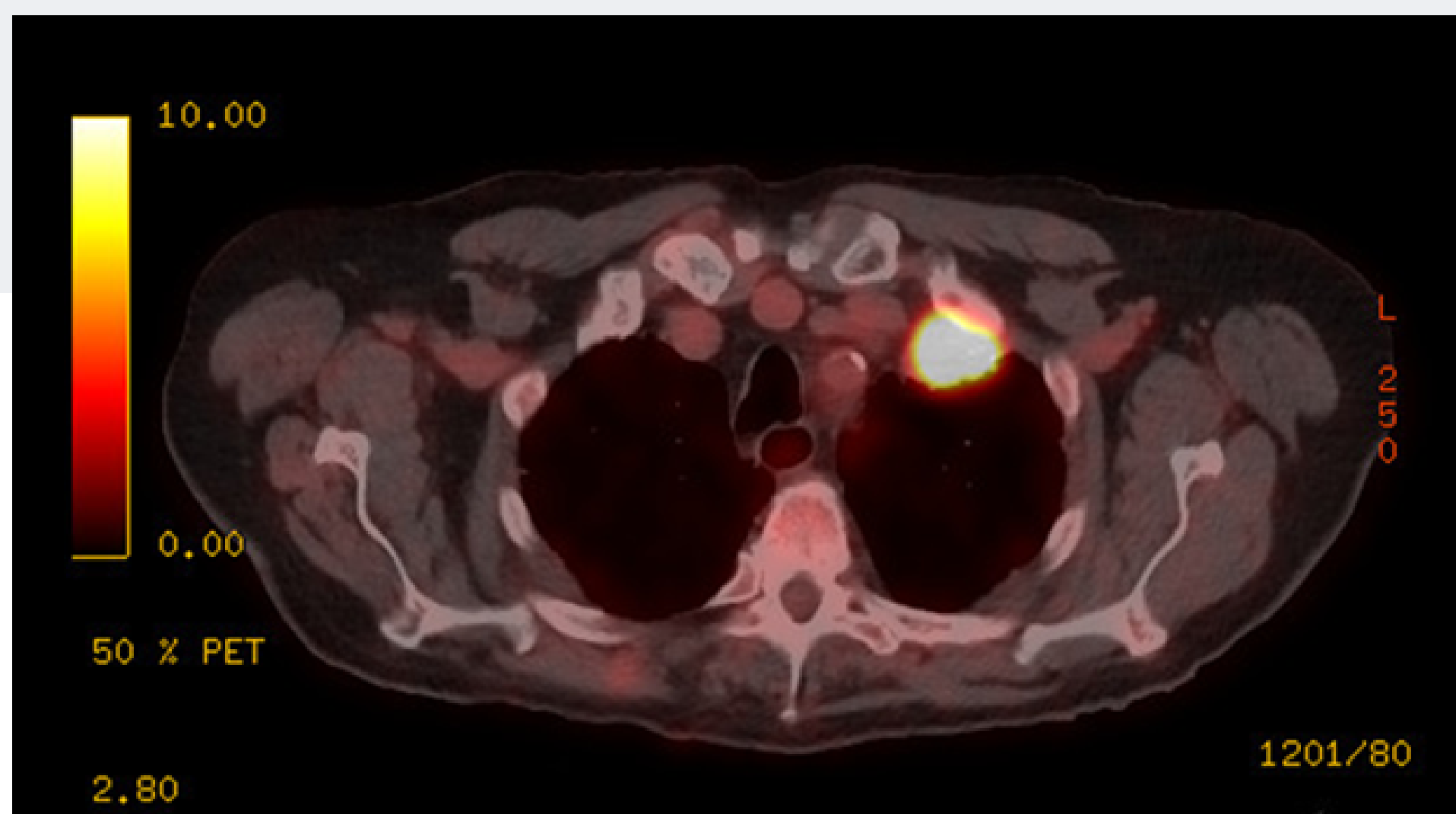
PET/CT and MRI Brain with IV contrast were otherwise negative.

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TESTING



PULMONARY FUNCTION TESTS

	PREDICTED		CONTROL		POST-DILATOR**	
	<u>Pred</u>	<u>LLN</u>	<u>Actual</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Chng</u>
-- LUNG VOLUMES --						
TLC (Pleth) (L)	6.42	5.14	5.59	87		
SVC (L)	3.44	2.88	3.41	99		
RV (Pleth) (L)	2.65	2.12	2.18	82		
RV/TLC (Pleth) (%)	40.63	32.51	38.96	95		
-- SPIROMETRY --						
FVC (L)	3.44	2.88	3.38	98	3.41	+0
FEV1 (L)	2.53	2.11	2.68	105	2.78	+3
FEV1/FVC (%)	74.32	62.06	79.24	106	81.59	+2
FEF 25-75% (L/sec)	1.74	0.96	*2.59	*148	*3.12	+20
FEF Max (L/sec)	5.97	4.48	7.16	119	7.36	+2
MVV (L/min)	103	86	88	85		
-- DIFFUSION --						
DLCOunc (ml/min/mmHg)	19.35	15.48	20.21	104		
DLCOcor (ml/min/mmHg)	19.35	15.48	20.38	105		
VA (L)	6.42	5.36	*5.14	*80		
- AIRWAYS RESISTANCE -						
Raw (cmH2O/L/s)	1.45	1.21	1.22	84		
Gaw (L/s/cmH2O)	1.03	0.86	*0.82	*79		
sRaw (cmH2O*s)	< 4.76	3.97	4.93			
sGaw (1/cmH2O*s)	0.20	0.17	0.20	100		
-- OXIMETRY --						
		<u>Rest</u>	<u>Exercise</u>			
SaO2 (%)		99	92			
Pulse		57	78			

Want to learn more about this case?

VOTE FOR CASE 15

Figure 1c. Coronal PET scan showing mild uptake in the right upper lobe (RUL) and subtle uptake in the left upper lobe (LUL). The right lower lobe (RLL) is also visible.

ADDITIONAL
TESTING

WHOLE BODY PET SCAN

Revealed mild uptake of the right upper lobe nodule (max SUV 1.5) and subtle uptake of the left upper lobe nodule (max SUV 0.8). No abnormal FDG uptake was observed in other multifocal subsolid nodules in both lungs or mediastinal lymph nodes (*Figures 2a-b*).



Figure 2a

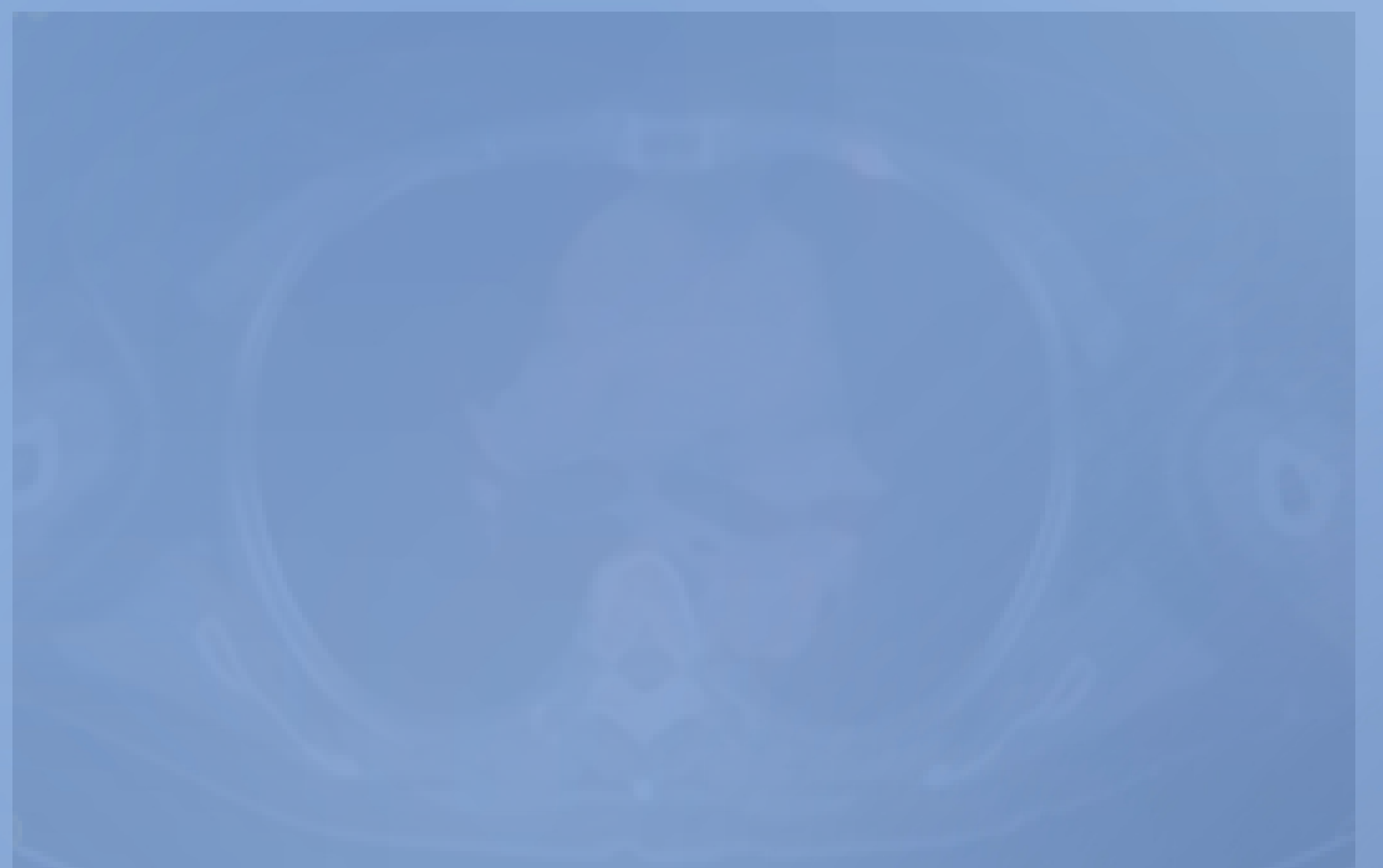


Figure 2b