



Treatment strategy for locally advanced NSCLC

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LEARNING GOALS

Goal 1: Recognizing the currently approved induction strategies and the significance of biomarker testing in locally advanced NSCLC.

Goal 2: Understanding the importance of early multidisciplinary care discussions.

Goal 3: Choosing appropriate pre-operative evaluation and surgical decision making.

Goal 4: Developing a post-operative plan.

BACKGROUND

P.K. is a 64-year-old female, former smoker (10-pack-years, quit 30 years ago).

She recently presented to her PCP for help with weight loss. At that time, she also complained of a chronic cough for the past year, along with nocturnal wheezing.

Chest X-ray showed a mass-like consolidation in the right lower lobe.

The patient was prescribed Levaquin and albuterol for presumed pneumonia.

THE AMAZING CASE RACE

CASE STUDY 16

IASLC



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FOR THE STUDY
OF LUNG CANCER

CURRENT PRESCRIPTIONS

- acyclovir 400 mg tablet bid
- albuterol 90 mcg for wheezing
- atorvastatin 10 mg
- famotidine 20 mg bid
- levothyroxine 112 mcg
- melatonin 10 mg
- omeprazole 40mg
- PreviDent 5000 Booster Plus 1.1% dental paste bid
- rizatriptan 10mg
- sertraline 50mg
- trazodone 100mg
- verapamil 180mg
- zolpidem 10 mg
- levaquin
- albuterol

COMORBIDITIES/MED HX

- PMH of HTN
- HLD
- hypothyroidism
- Gerd
- Barrett's esophagus
- obesity

OVERALL DIAGNOSIS

Clinical T2bN0M0 NSCLC with final pathology noted. BRAF, EGFR, MET, KRAS, ERBB2: Negative ALK, ROS1, MET: negative, PDL1 = 0%

- A. LYMPH NODE, LABELED AS "LYMPH NODE LEVEL NINE (9)", RESECTION:
 - THREE BENIGN LYMPH NODES (0/3)
- B. LYMPH NODE, LABELED AS "LYMPH NODE LEVEL SEVEN (7)", RESECTION:
 - THREE BENIGN LYMPH NODE (0/3)
- C. LYMPH NODE, LABELED AS "LYMPH NODE LEVEL ELEVEN (11)", RESECTION:
 - ONE BENIGN LYMPH NODES (0/1)
- D. LYMPH NODE, LABELED AS "LYMPH NODE LEVEL FOUR R (4R)", RESECTION:
 - FIVE BENIGN LYMPH NODES (0/5)
- E. LYMPH NODE, LABELED AS "LYMPH NODE LEVEL ELEVEN (11) #2", RESECTION:
 - ONE BENIGN LYMPH NODE (0/1)
- F. LUNG, LABELED AS "RIGHT LOWER LOBE", LOBECTOMY (167 GRAMS):
 - HISTOLOGIC TYPE: INVASIVE MUCINOUS ADENOCARCINOMA
 - HISTOLOGIC GRADE: NOT APPLICABLE
 - SYNCHRONOUS TUMORS: NOT APPLICABLE
 - TUMOR FOCALITY: UNIFOCAL
 - TUMOR SIZE: 4.3 CM IN GREATEST DIMENSION, GROSSLY

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CASE STUDY 16

TESTING

CHEST X-RAY

- X-ray revealed a mass-like consolidation in the right lower lobe.

CHEST CT

- Chest CT showed a 4.4 cm irregular thick-walled cavitary mass in the right lower lobe with finding suspicious for primary lung malignancy. The would be amenable to percutaneous needle biopsy.

PET/CT

- Showed mild hypermetabolic 4.6 thick-walled cavitary mass within the superior segment of the right lower lobe which is suspicious for malignancy. No scintigraphic evidence of metastatic disease.

ADDITIONAL TESTING

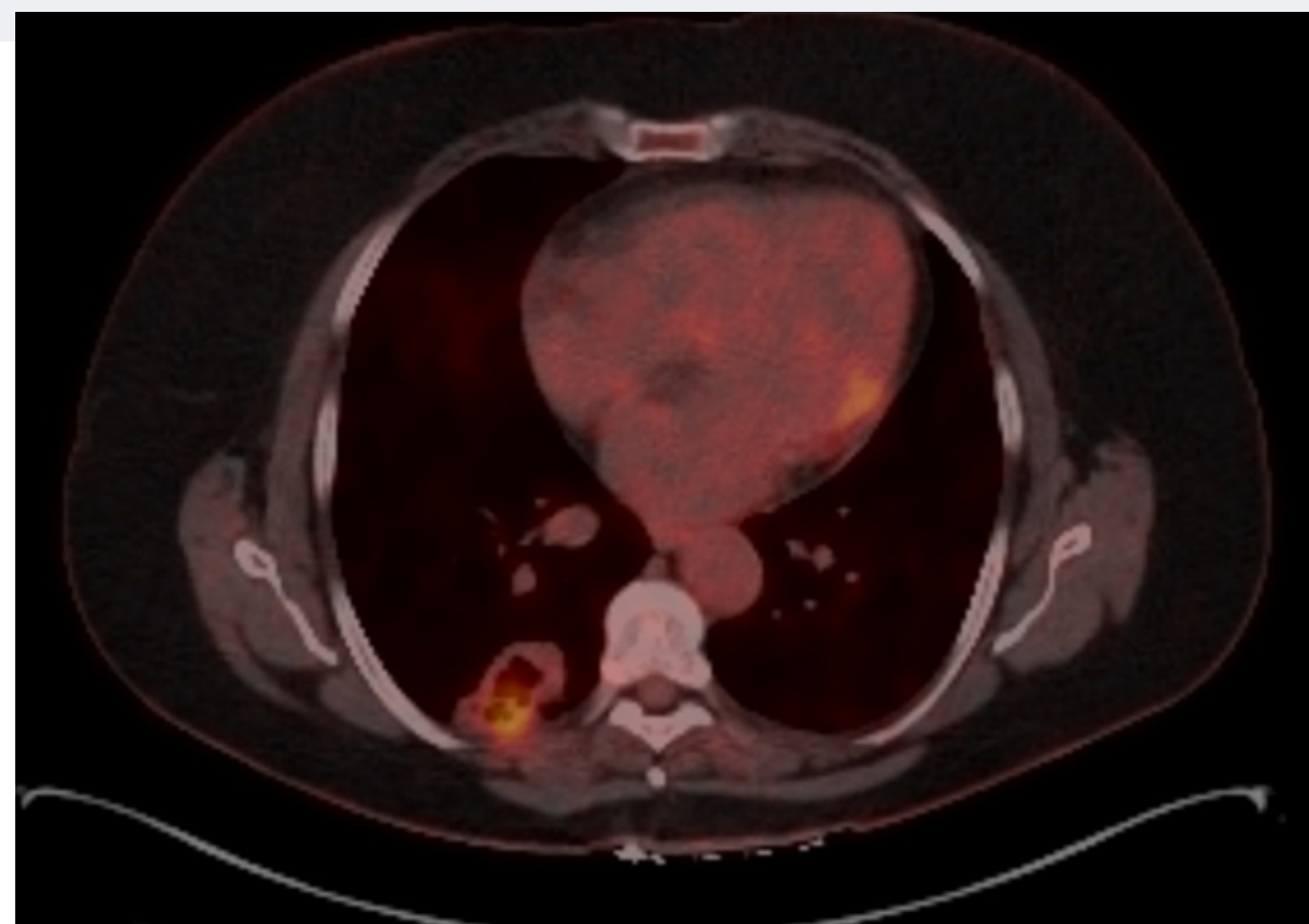
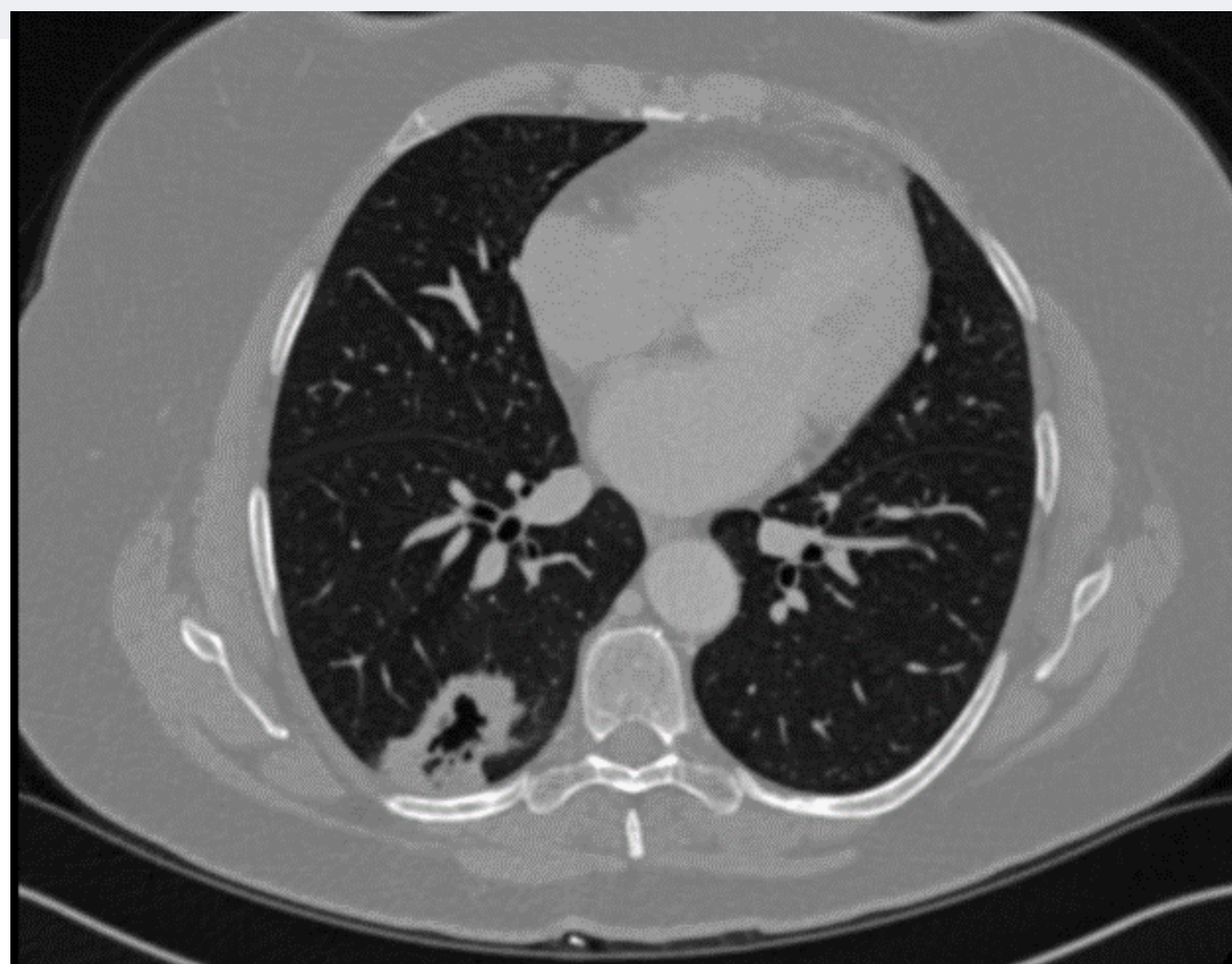
BRAIN MRI

No evidence for intracranial metastatic disease.

EBUS No appreciable lymphadenopathy at 4L, 7, 10R, 11R, 4R sampled - no evidence of malignancy.

TRANSBROCHIAL BIOPSY

- Adenocarcinoma with mucinous features



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BRAIN MRI
STAGING

CONSIDERATIONS

Want to learn more

about this case?

VOTE FOR CASE 16

CONTRASTED CT BRAIN

Scan was normal.

Figure 3

Figure 2

CONTRASTED CT THORAX

Scan showed an irregular soft tissue mass measuring 9.3 x 4.7 x 7.1 cm seen centered in the upper lobe abutting the mediastinal pleura, involving the left perihilar region and superior segment of left lower lobe with multiple satellite nodules scattered in both lungs. Small left pleural effusion. There are also enlarged mediastinal, left hilar and left supraclavicular lymph nodes.