

CTS Multidisciplinary Lung Cancer Case Discussion

Saturday, January 27th, 2018

Disclosures

I have nothing to disclose.

Roadmap for the Hour

1. Rapid fire cases
2. Discussion from multidisciplinary team & audience
3. Brief teaching points
4. Repeat!
5. Time for your cases

First: Multidisciplinary Panelist Introductions

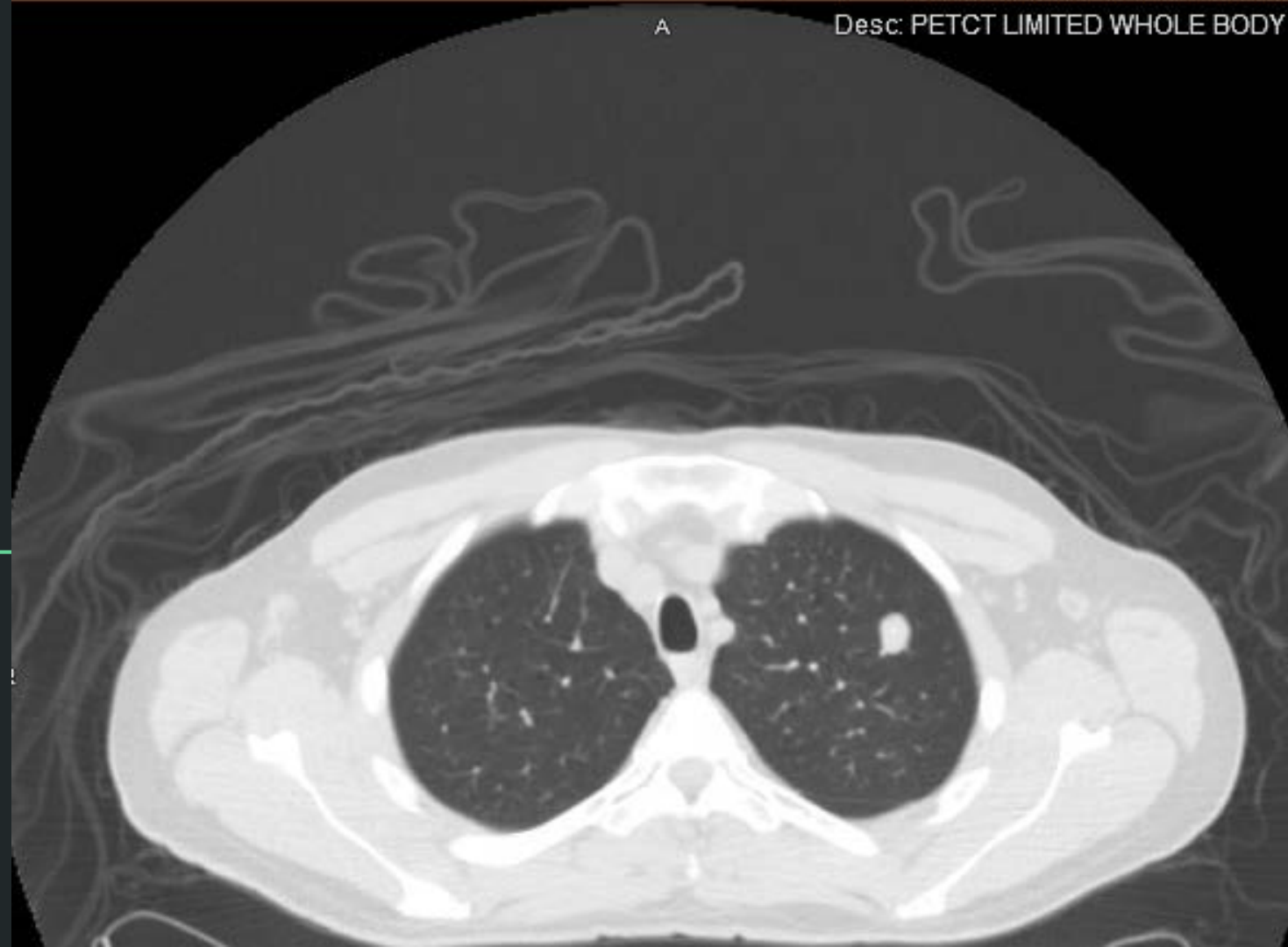
Case 1: A PET project

Case Presentation

- ❑ 57 yo M current smoker (1 pack-per-day), prostate intraepithelial neoplasia, and left schwannoma w/ tinnitus presents with new pulmonary nodule.
- ❑ Has wheezing & dyspnea on exertion at baseline but is worsening over the past 3 months, no systemic sx

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Multidisciplinary Discussion

Case Conclusion & Teaching Points

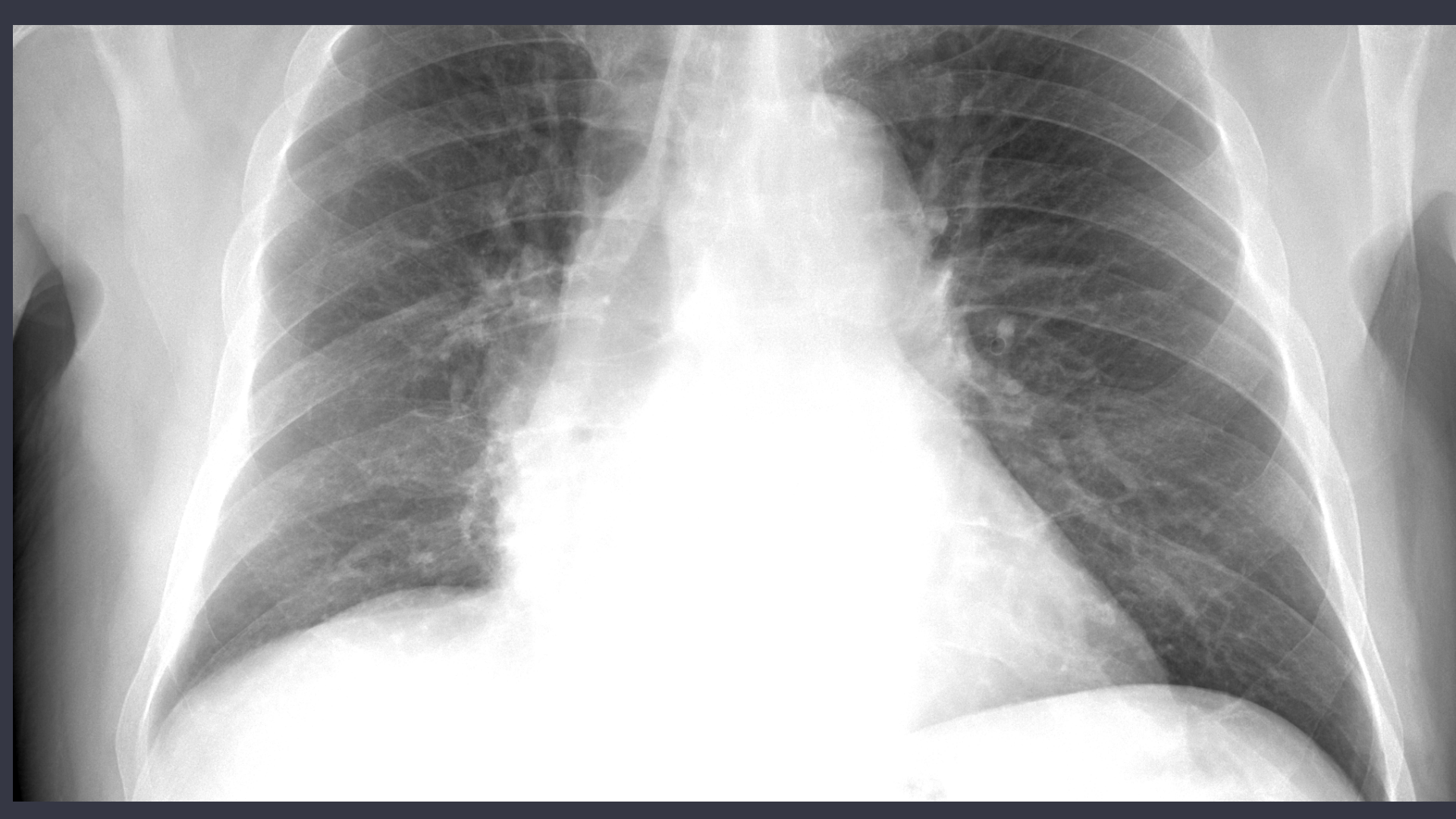
- ❑ Patient underwent VATS
- ❑ Pathology showed...
 - ❑ **MAC!**
- ❑ Case reports of MAC masquerading as malignancy
 - ❑ HIV
 - ❑ Lung transplant
 - ❑ Patients with history of lung cancer

Case 2: Potato vs. potato?

Case Presentation

- ❑ 65 yo M prior smoker (60-pack-years) s/p recent XRT for stage III lung cancer
- ❑ Now presenting with new dyspnea on exertion and new 4 L O₂ oxygen requirement





Multidisciplinary Discussion

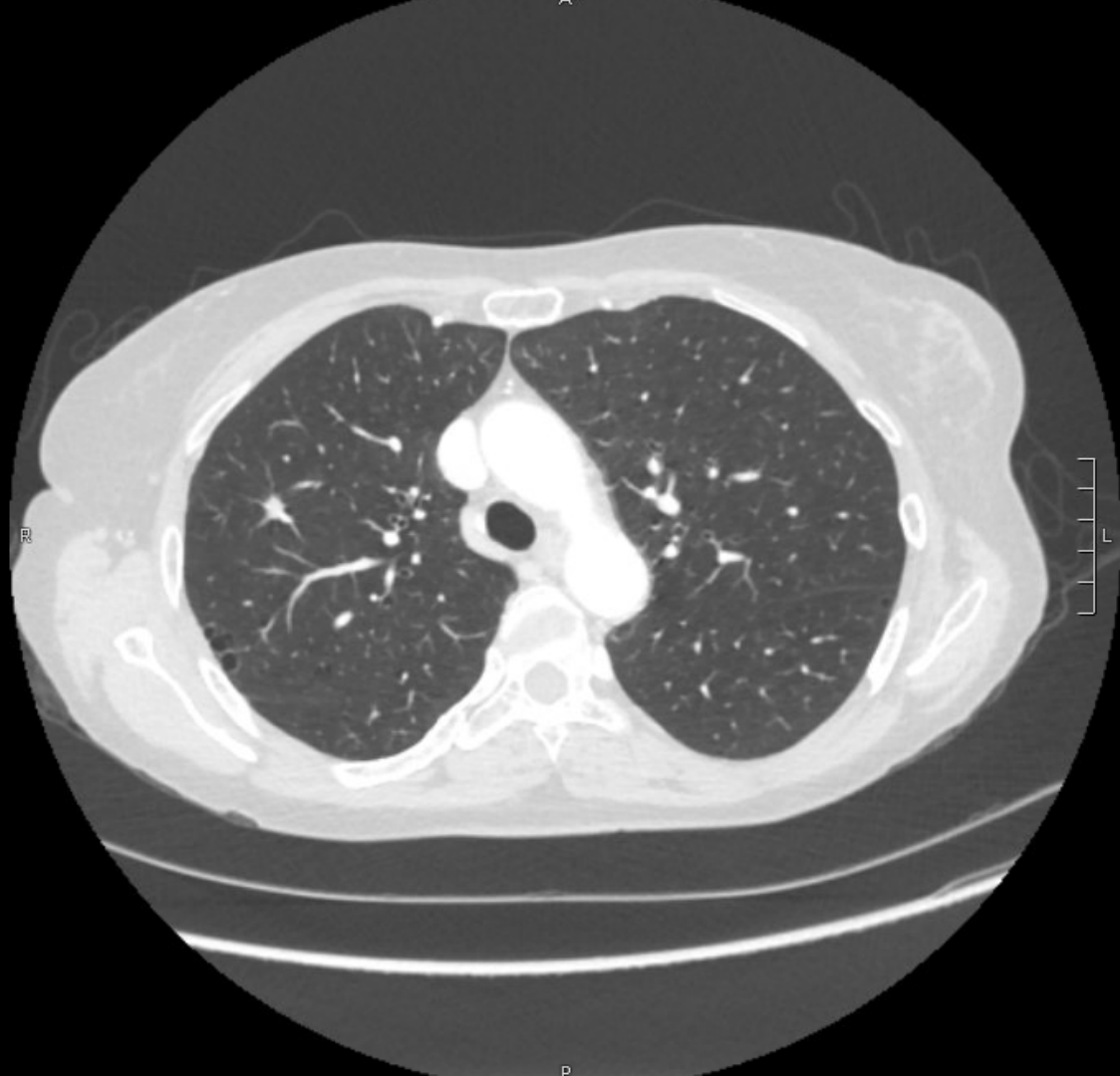
Case Conclusion & Teaching Points

- ❑ Post-radiation organizing pneumonia
- ❑ Radiation pneumonitis
- ❑ Part of a **spectrum** of changes that can occur post-SBRT
- ❑ Occur at predictable time periods
- ❑ Lung that was not radiated can also be affected
- ❑ Treatment often with prolonged courses of corticosteroids

Case 3: Use the brain power.

Case Presentation

- ❑ 65yoF w/ depression & borderline personality disorder, Hashimoto's thyroiditis, presents w/ 1 month of dizziness & vertigo, found to have multiple rim-enhancing CNS lesions.
- ❑ PET negative but CT showed the following and Pulmonary was consulted



Multidisciplinary Discussion

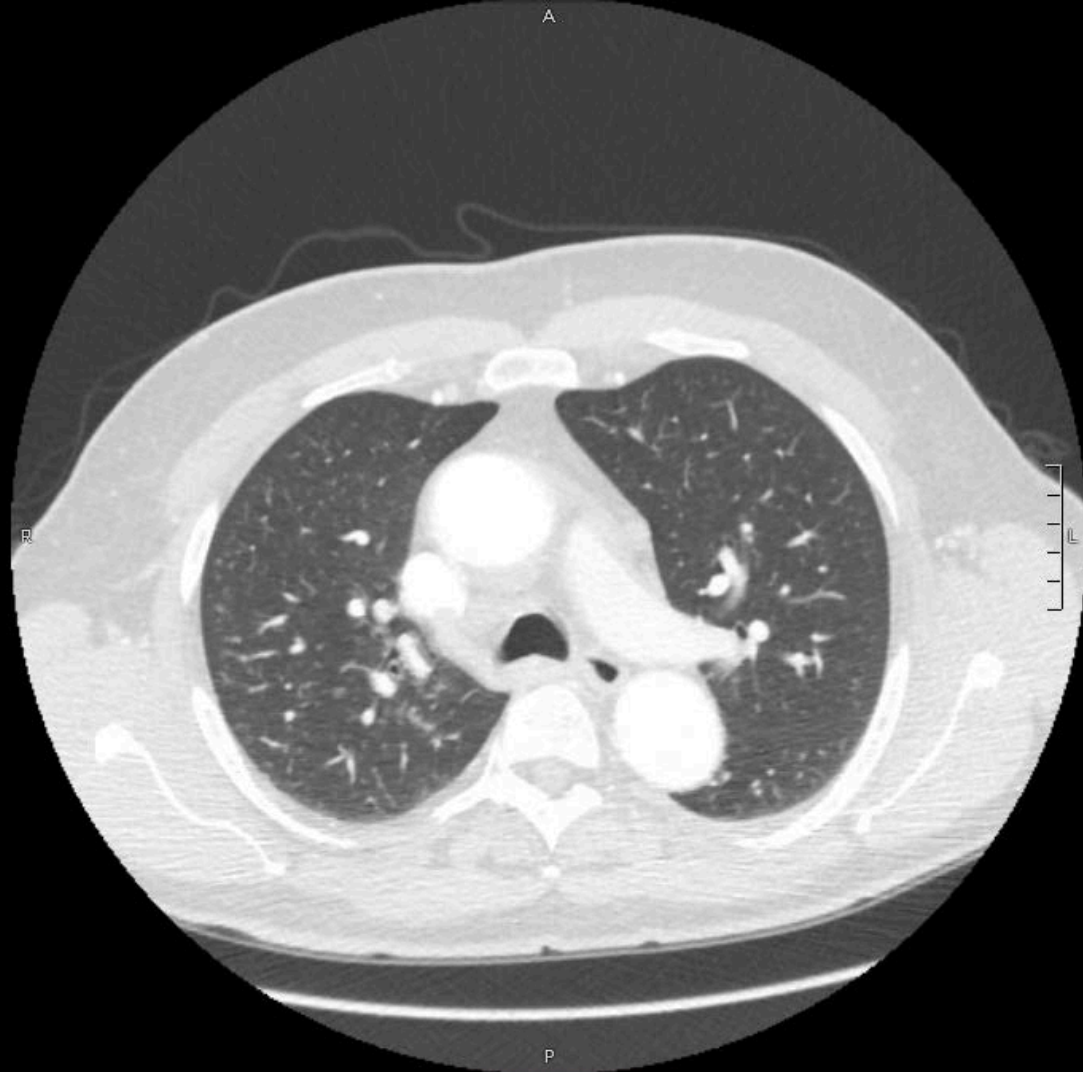
Case Conclusion & Teaching Points

- ❑ IP felt lesion too small to biopsy
- ❑ Patient ultimately underwent brain biopsy of ring-enhancing lesions
- ❑ Biopsy showed adenocarcinoma of pulmonary origin
- ❑ Only about ~7% of cases present with brain mets first
- ❑ Prognosis is poor ~3-4 months

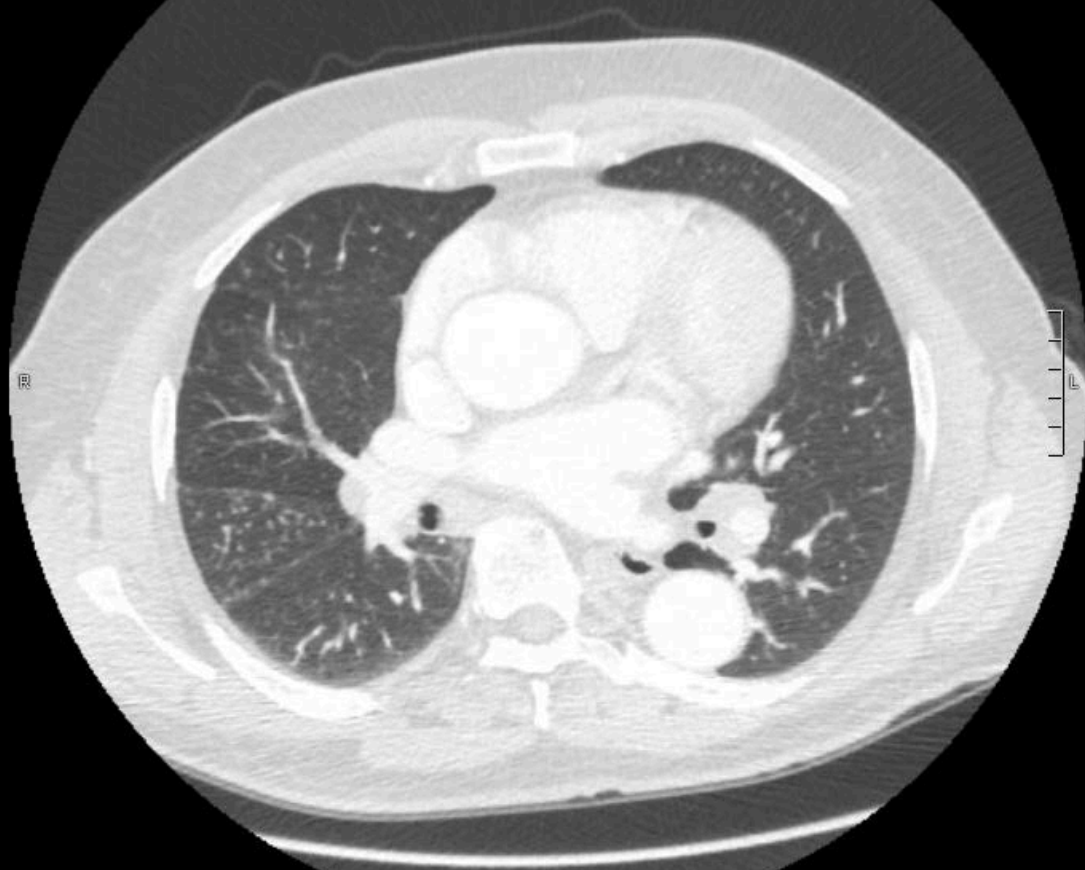
Case 4: Who is mimicking whom?

Case Presentation

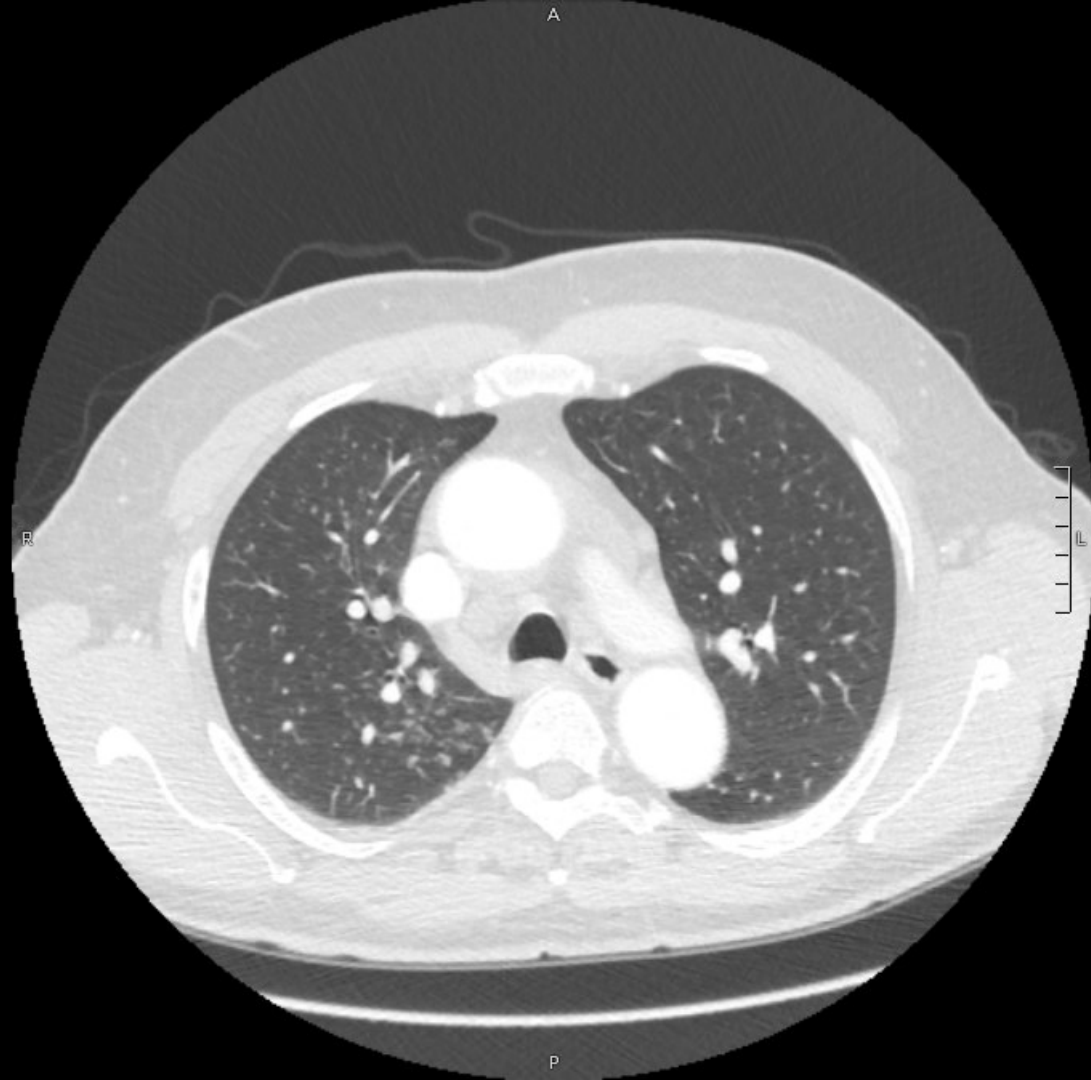
- ❑ 74yoM w/ lymphoma s/p chemotherapy found to have new lung nodules and mediastinal lymphadenopathy
- ❑ No new medications, no fevers, chills, sweats, systemic sx



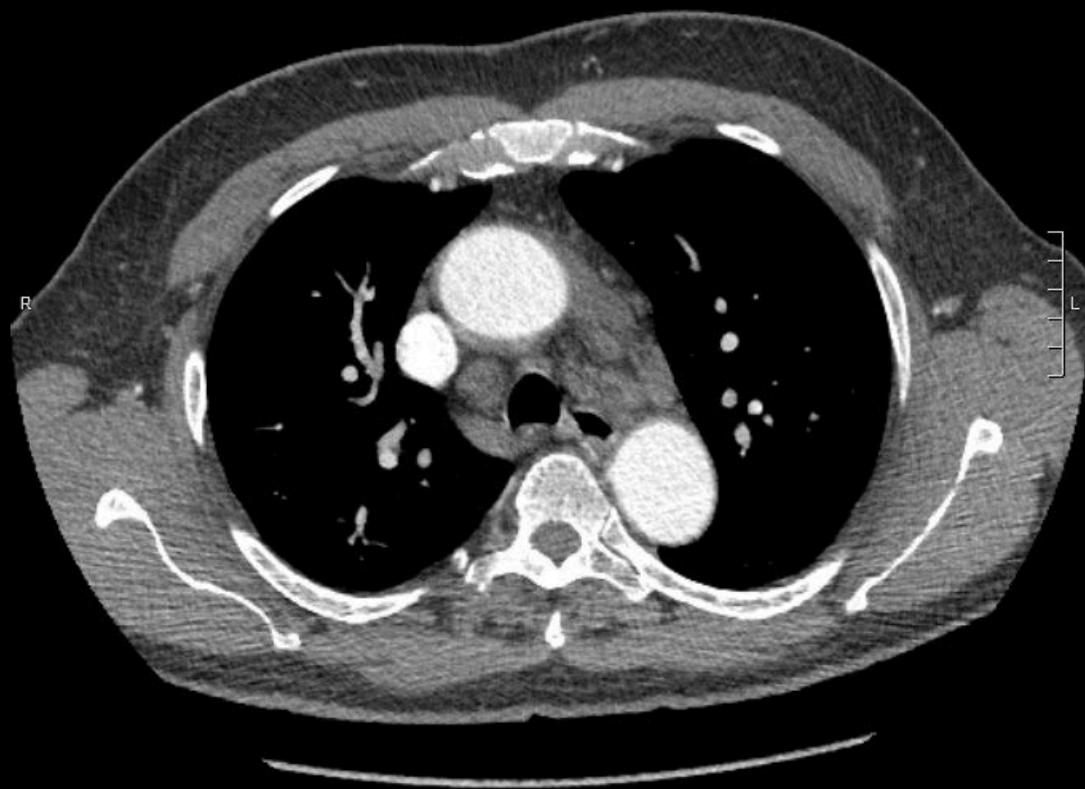
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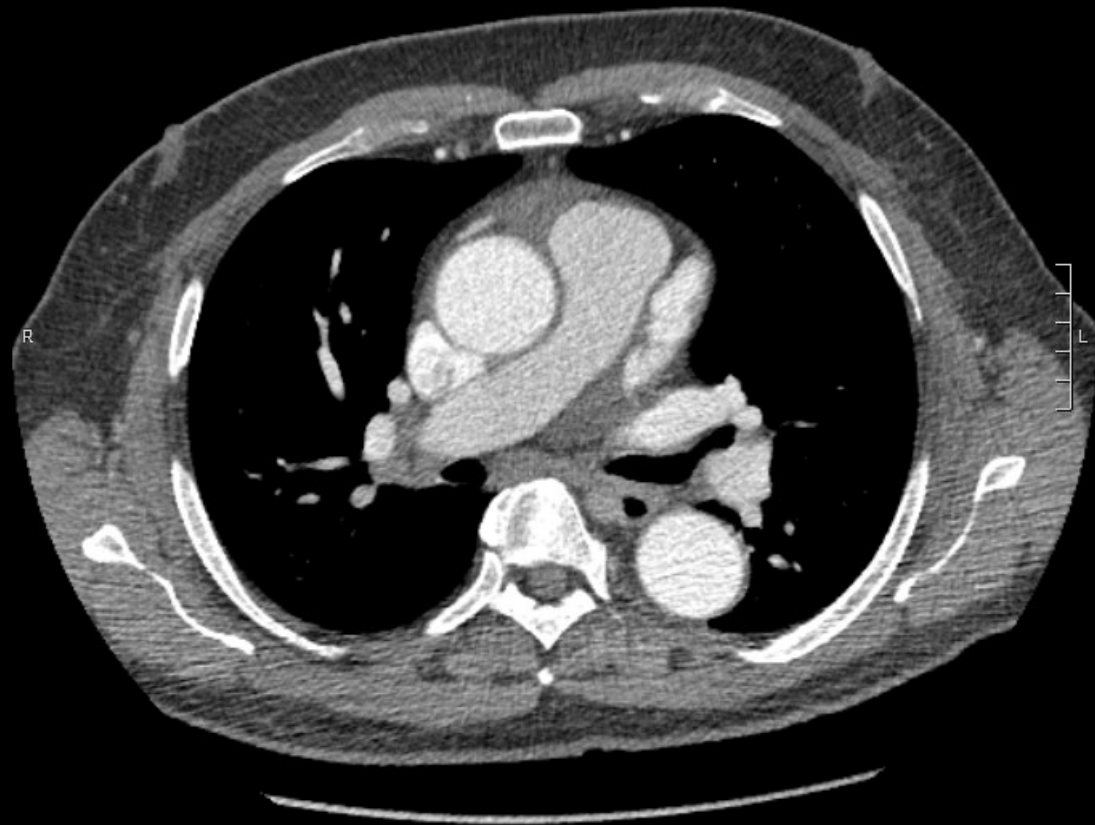


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Multidisciplinary Discussion

Case Conclusion & Teaching Points

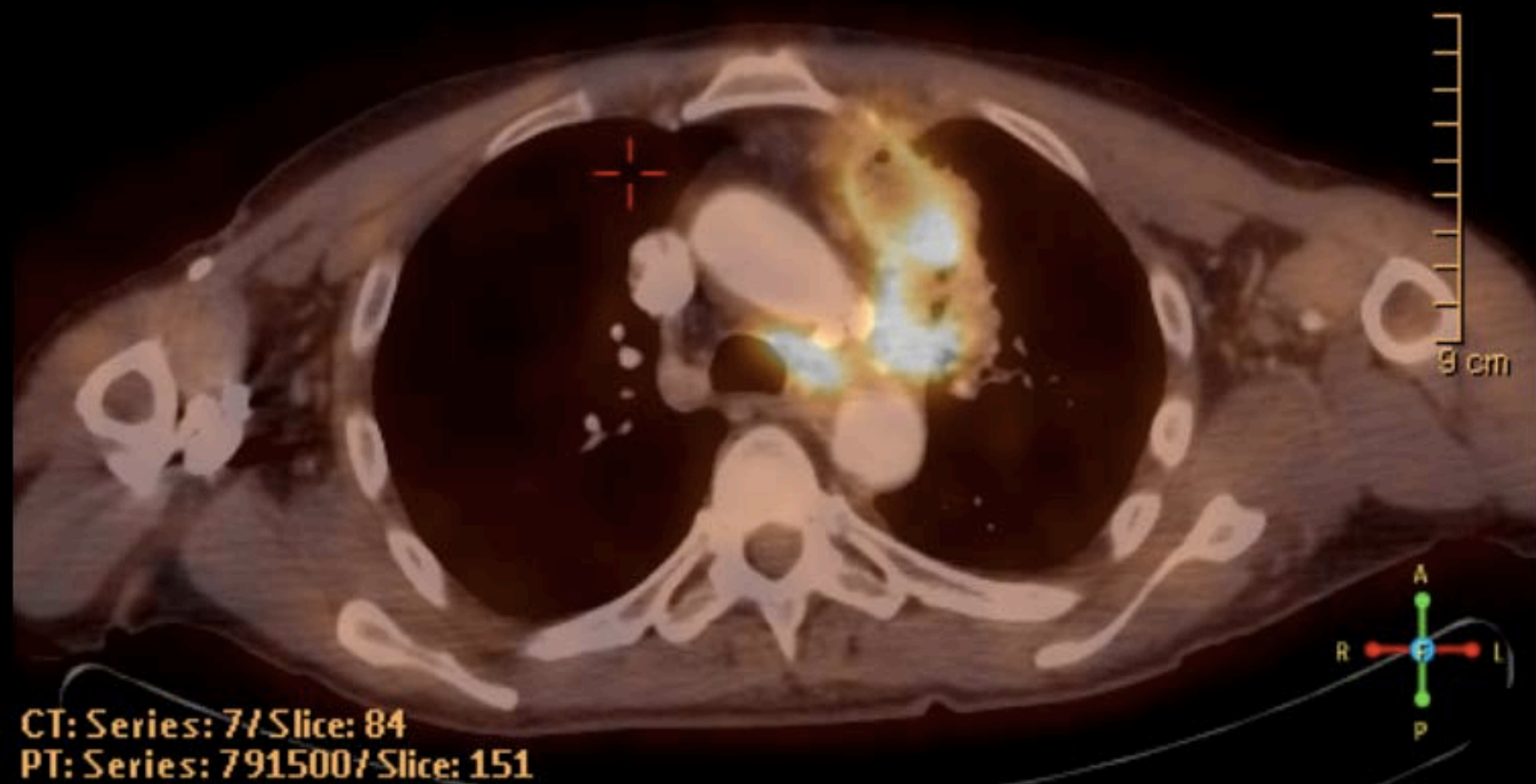
- ❑ Biopsy showed non-caseating granulomas
- ❑ **Sarcoid-like reaction** has been described in a variety of malignancies, especially lung and breast cancer
- ❑ Also been reported as a drug reaction to many drugs
- ❑ Can result in a false-positive on PET & CT for malignancy
- ❑ How to surveil these patients?

Case 5: Occam's Razor or Hickam's Dictum

Case Presentation

- ❑ 57 yo M current smoker (1/2 pack-per-day), recently diagnosed with mandibular squamous cell cancer
- ❑ Sent to Pulmonary clinic for large mass seen on PET-CT





Multidisciplinary Discussion

Case Conclusion & Teaching Points

- ❑ Biopsy showed small cell carcinoma
- ❑ Second primary rather than metastases
- ❑ Synchronous primary lung cancer in 0.5% of pts w/ lung cancer
- ❑ Mandibular squamous cell cancer is highly morbid compared to other oral cancers – mean survival time of ~56 months and 5 year survival of 44%
- ❑ Incidence of second primary in head & neck cancers up to 30%!

Case 6: Streamlining the Path to OR?

Case Presentation

- ❑ 82yoF, former smoker, with GERD and HTN, otherwise healthy, presents with new lung nodule
- ❑ Sent to CT Surgery clinic for consideration of resection

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Multidisciplinary Discussion

Case Conclusion & Teaching Points

- ❑ Plan for joint OR case with IP and CT Surgery
 - ❑ EBUS to interrogate lymph node, if negative → resection
- ❑ **Physiological criteria** to assess readiness for surgery:
 - ❑ FEV1 predicted-post-operative
 - ❑ DLCO predicted-post-operative
 - ❑ Peak oxygen consumption on exercise study

Cases from the Audience?

THANK YOU!

Lekshmi.Santhosh@ucsf.edu
