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
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
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
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