CASE: EARLY LUNG CANCER

Eric Nadler MD MPP

Baylor University Medical Center Dallas TX

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Patient Case: 78 year old male

HPI: 78 yo Filipino male who is exceptionally sprightly was traveling in Israel in the early summer of 2023 when he developed a cough productive of yellow sputum. This led to a CXR with his PCP which then led to CT scan. ECOG PS 0

PMH: Non-EtOH fatty liver (nl LFTs and function), RCC (for 3 cm RCC s/p partial nephroctomy in 5/21 with resulting nl CrCl), HTN, hyperlipidemia

MEDS: HCTZ 12.5, Amlodipine 10, Losartan 100

SH: Divorced with life partner of 23 years, from the Philippines, smoked 1 ppd from the time he was 13 to 52, retired accountant with three children

Work-up and Staging

CT scan of the chest was performed on 7/13/23 for the cough this demonstrated a 3.4 x 2.3 cm right upper lobe mass in the central suprahilar region that extended to the right hilum. There is encasement and narrowing of the right upper lobe pulmonary artery and obstruction of the segmental bronchi at the origins. In the left paravertebral region, there was a soft tissue nodule measuring 1.6 x 1.6 x 1.0 cm adjacent to T11.

Biopsy from 7/20/2023 of the right upper lobe demonstrates an invasive poorly differentiated adenocarcinoma. PD-L1 was 40-60%. The tumor is TTF-1 positive, p40 negative, PAX8 negative and pan CK positive.

Endeavor NGS (7/20/2023): ROS1/Alk/EGFR/NTRK/Kras/RET/MET/PI3K/BRAF/HER2 negative. PDL1 confirmed 40-60% (22C3), TMB low

PET/CT scan was performed on 7/28/2023 and it demonstrated the right upper lobe hypermetabolic lesion abutting the hilum measuring 4.3 x 3.0 x 2.5 cm with an SUV of 8.1. There was a partially inseparable surrounding infiltrative opacity without uptake that suggested surrounding pneumonitis or infiltrative tumoral spread. There are also a few nonpathologic enlarged right pulmonary hilar and mediastinal lymph nodes with faint uptake including a 2.2 SUV in the right hilum and a right lower paratracheal and precarinal node with an SUV of 2.6. There is also in the left lower thoracic paraspinal region of soft tissue nodule measuring 1.4 x 0.9 with an SUV of 3.4.

MDT Congregated : Decision to Proceed with neoadjuvant ChemoIO

Three cycles of Cisplatin/Pemetrexate/Nivolumab (8/16/23-9/27/23)

Pre-operative CT (10/3/23) demonstrates decrease in size of the right upper lobe mass and it now measures 2.7 x 1.9 cm down from 3.4 x 2.3 cm. No evidence of distant disease.

Pathology (11/2/23) had a 2.6 cm right single focus in the upper lobe of an adenocarcinoma that was 30% of center and 40% solid. It was a grade 3 poorly differentiated. There was no visceral pleural invasion and no invasion of adjacent structures. All margins were clear. 11 lymph nodes were sampled without evidence of disease including R4, 10 R, 12 R, 7, 4L. Formal pathologic staging was pT1cpN0.

Next Steps

Would one consider peri-operative therapy?

Clinical follow-up:

Patient experiences severe SOB and cough on 12/8/23. Sent to ICU for Airvo with RR of 25-28

CT angio (12/8/23) demonstrates enlarging mediastinal nodes, bilateral alveolar opacities (R>L) and small pleural effusions (R>L).

COVID, viral, fungal testing neg. BCx neg

Improves on steroids and IV Antibiotics over 4-6 days

What would one consider now?? Why??