

Lung Cancer Cases

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Financial Disclosure

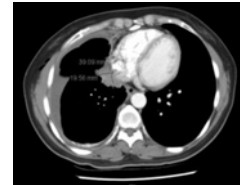
- I have no significant relationships to disclose.

Case #1

ADVANCED NSCLC IN A NEVER SMOKER

Patient Information

- 58-yr-old female, never-smoker presents with shortness of breath. There is a large right pleural effusion on CXR.
- Positive for malignant cells in pulmonologist's office
- Cytology (+) for adeno CA, CK7(+), CK20(-), TTF1(+)
- Brain MRI (-)
- CT (C/A/P): 4 masses in R hemithorax, multiple nodules B/L
- Even after thoracentesis and pleurodesis, the patient is still symptomatic.



Would you obtain additional testing, even if it requires further biopsy?

1. Yes
2. No

What treatment/testing would you recommend?

- Chemotherapy (if yes, which regimen and why, see next slide).
- Further testing of available tissue? If so what testing? Would you obtain additional tissue, even if it would require a biopsy?

Choice of regimens

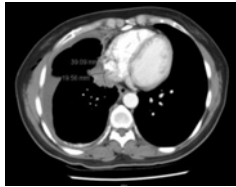
1. Platinum-based doublet
2. Platinum-based doublet plus bevacizumab
3. Platinum-based doublet plus cetuximab
4. Erlotinib
5. Platinum-based doublet plus erlotinib
6. Erlotinib plus bevacizumab

Case #2

ADVANCED NSCLC IN A SMOKER

Patient Information

- 58-yr-old female 35 pk year smoker who quit 5 years ago, presents with shortness of breath. There is a large right pleural effusion on CXR.
- Positive for malignant cells in pulmonologist's office
- Cytology (+) for squamous cell cancer CA.
- Brain MRI (-)
- CT (C/A/P): 4 masses in R hemithorax, multiple nodules B/L
- Even after thoracentesis and pleurodesis, the patient is still symptomatic.



Would you obtain additional testing, even if it requires further biopsy?

1. Yes
2. No

What treatment/testing would you recommend?

- Chemotherapy (if yes, which regimen and why, see next slide).
- Further testing of available tissue? If so what testing? Would you obtain additional tissue, even if it would require a biopsy?

Choice of regimens

1. Platinum-based doublet
2. Platinum-based doublet plus bevacizumab
3. Platinum-based doublet plus cetuximab
4. Erlotinib
5. Platinum-based doublet plus erlotinib
6. Erlotinib plus bevacizumab

Case #3

ADJUVANT TREATMENT OF NSCLC

Patient Information

- 58-yr-old female, former smoker presents with pneumonia.
- CXR demonstrates 3.5 cm mass in the right upper lobe
- PET/CT confirms the mass. SUV = 6, no mediastinal nodes
- Biopsy demonstrates NSCLC. Mediastinoscopy is negative.
- RUL lobectomy, mediastinal dissection performed.
- Pathology: 3.7 cm adenocarcinoma, one peribronchial LN positive. Mediastinal nodes negative (pT2aN1M0)

What would you recommend?

- Follow-up
- Postoperative radiotherapy
- Chemotherapy? Which regimen?

Would you combine the bevacizumab with any of the regimens?

Choice of regimens

1. Cisplatin/gemcitabine
2. Cisplatin/vinorelbine
3. Cisplatin/pemetrexed
4. Cisplatin/docetaxel