

Case-Based Round Table with the Experts, Part 2: Mesothelioma



Anne Tsao, MD
Assistant Professor, Med Onc
Div. of Thoracic, Head/Neck Onc
MD Anderson Cancer Center
Houston, TX



Alex Farivar, MD
Thoracic Surgeon
Swedish Cancer Institute
Seattle, WA



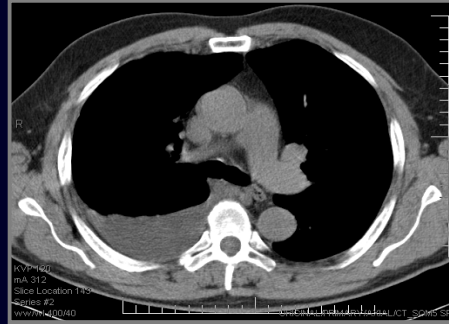
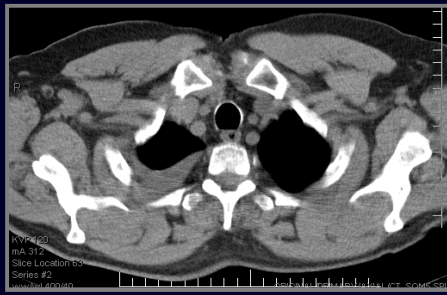
with
H. Jack West, MD
President & CEO
GRACE

Medical Oncologist
Swedish Cancer Institute

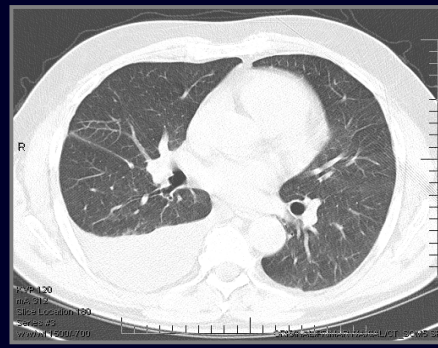
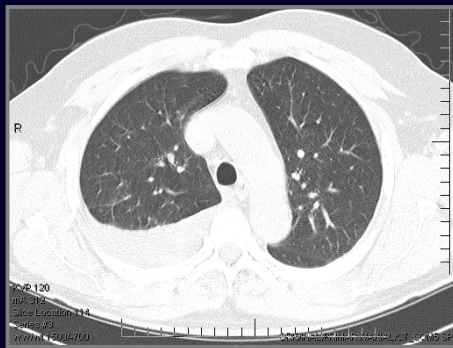
Mesothelioma: Initial Presentation

- 68 yo male never-smoker with prior asbestos exposure working in coal mines in Germany in 1950s
- Right chest discomfort for several months
- Mentioned to PCP, CXR: large R pleural effusion, no pulm masses or other findings
- Thoracentesis: Negative cytology; TB test negative
- Pt followed, effusion recurred, pt referred to pulmonologist
 - CT shows effusion and no other findings
 - Repeat tap shows negative cytology
- Referred for pleuroscopy

Mesothelioma: Baseline Chest CT

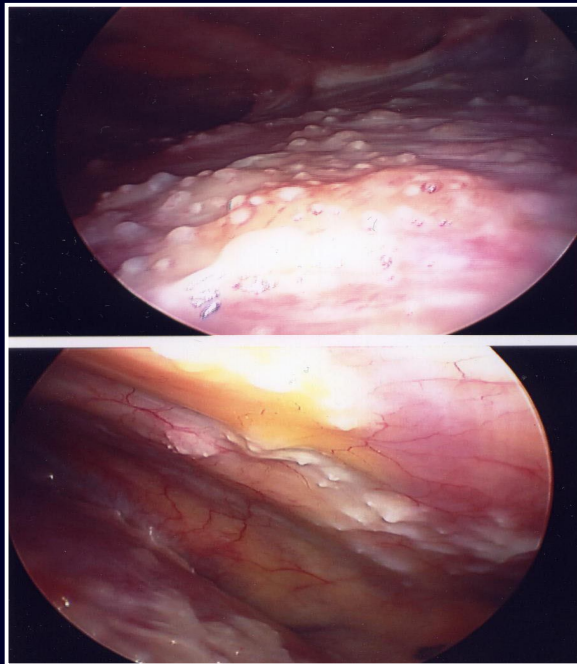


Mesothelioma: Baseline Chest CT



Mesothelioma: Pleuroscopy

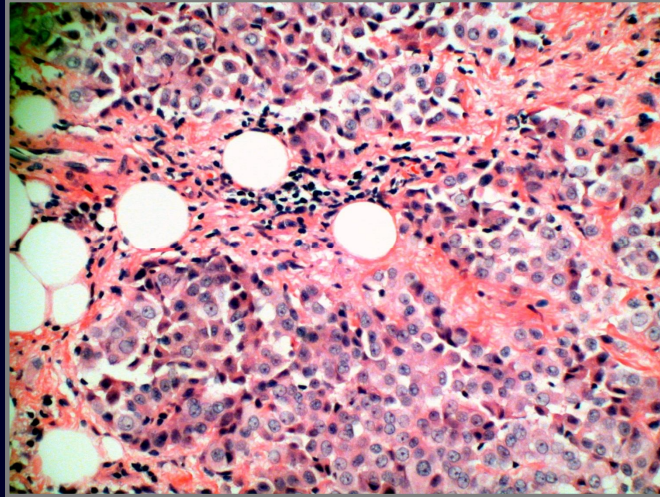
- Pt underwent pleuroscopy, at which time pleural studding is seen, biopsies obtained
 - Mesothelioma on frozen section
- Pleurodesis with talc poudrage performed
- Pt recovering well, modest pleuritic pain only
- Performance status excellent before pleuroscopy



VATS pleuroscopy
BIOPSIES
TALC POUDRAGE

Pathology

Diagnosis: Epithelioid pleural mesothelioma



Management Options

What is the intent of treatment?

How would you recommend proceeding?

What chemo would you recommend?

Mesothelioma: Progression After First Line Chemo

- Another patient with unresectable mesothelioma receives cis/pemetrexed and shows progression after 2 cycles, clinical and radiographic. He is 69 and has a performance status of 1, with pain and increasing dyspnea.

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