

## Round Table Case Discussions, Part 1: Debatable Role for Radiation, and Value of Maintenance Therapy



Dr. Julie Brahmmer  
Associate Professor,  
Medical Oncology  
Sidney Kimmel Cancer Center  
Johns Hopkins University  
Baltimore, MD



Dr. Gregory Riely  
Assistant Professor,  
Medical Oncology  
Memorial Sloan Kettering  
Cancer Center  
New York, NY



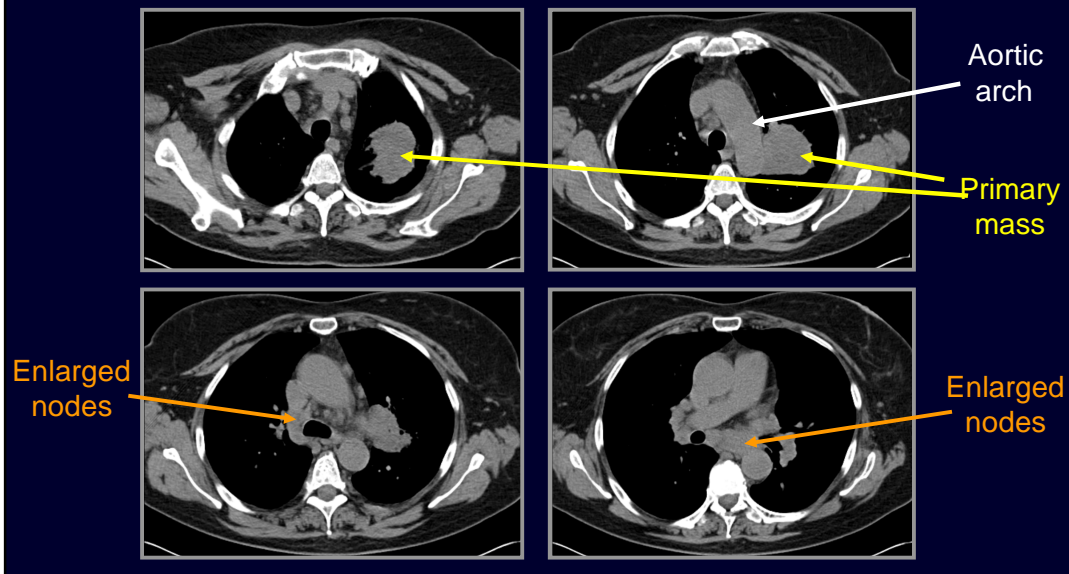
with Howard (Jack) West, MD  
Medical Oncologist  
President & CEO  
GRACE

### Case 1: Background

- 63 year old woman without significant medical history developed increasing dry cough 7/09
- Also night sweats, temps 100-101°F
- Ex-smoker: quit 2002, after 1 pack per day x 40 yr
- Chest x-ray: large left lung mass
- Chest CT: 7.7 cm LUL mass, adj to aortic arch
  - Bulky subcarinal and right and left hilar LAN
- Referred to pulmonologist, who notes 2 cm firm inferior cervical node on exam

## CT Findings, Time of Diagnosis

---



## Case 1: Further Work-up

---

- Bronch: poorly differentiated NSCLC (NOS)
- Head MRI: neg
- PET CT: LUL mass: max SUV 15.8, multiple hypermetabolic nodes in paratracheal, right and left hilar and subcarinal regional, max SUV 11.8; 1.1 cm nodule R side of thoracic inlet near thyroid, SUV 7.3, and 2 cm R lower neck node with SUV 6.7

## Additional Background

---

- Saw radiation oncologist, who recommended against radiation now, but perhaps later
- Would you consider radiation with curative intent?
- Should N3 nodal disease with contralateral supraclavicular nodes involved be treated with curative intent?

## Treatment Thoughts/Recommendations?

---

- How would you approach this case?
  - Further testing for poorly differentiated NSCLC NOS?
  - Systemic therapy to be pursued?
  - Include Avastin (bevacizumab)?

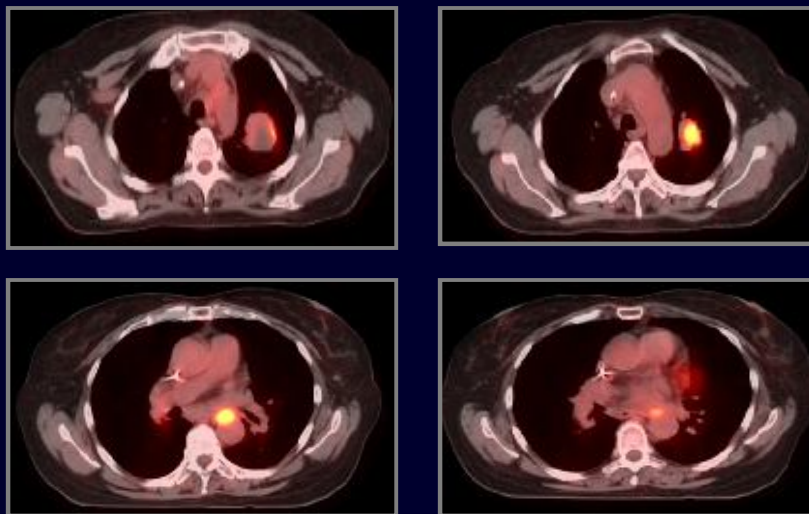
## Follow-up: Good Partial Response after Chemo

---

- She receives 6 cycles of cisplatin/gemcitabine,
  - Tolerated generally well (fatigue, low blood counts)
- Good partial response by PET/CT
  - LAN R neck and R thoracic inlet resolved
  - Paratracheal and left hilar adenopathy resolved
  - Right hilum & subcarinal disease still present (with residual PET uptake)
  - Much smaller area of uptake in residual LUL mass (though max SUV still 13, vs. 15 previously)

## PET/CT After Chemo (6 cycles)

---



## What Next??

---

- She is anxious about discontinuing treatment.
- Maintenance therapy? If so, what?
- Observation off therapy?
- Radiation now?

---

We depend on your support to continue GRACE educational programs like these.

PLEASE contribute at  
[www.cancergrace.org/donate/](http://www.cancergrace.org/donate/)

