

Case-Based Round Table with the Experts, Part 3



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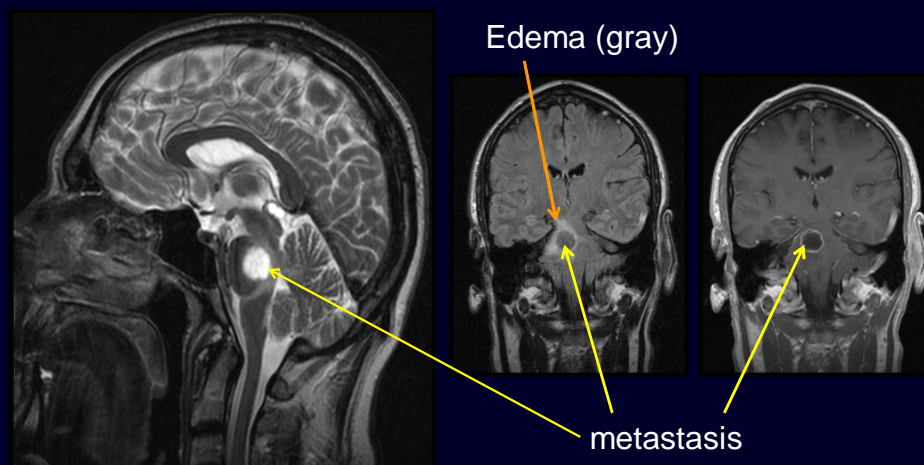
Solitary Brain Met and Limited Chest Disease

- 54 year old male smoker who presented with left facial & hand numbness slight weakness
- Head MRI: 1.5 x 1.6 cm rim-enhancing cystic lesion in R pons, not felt to be a primary tumor, more likely metastatic
- Further w/u for source: abnormal chest CT

Solitary Brain Met and Limited Chest Disease

- CT chest, abdomen and pelvis reveals distinct RUL nodules measuring 15 x 8 mm, very close: ?bilobed single lesion, and one contiguous w/pleural surface
- No enlarged lymph nodes
- No evidence of distant disease

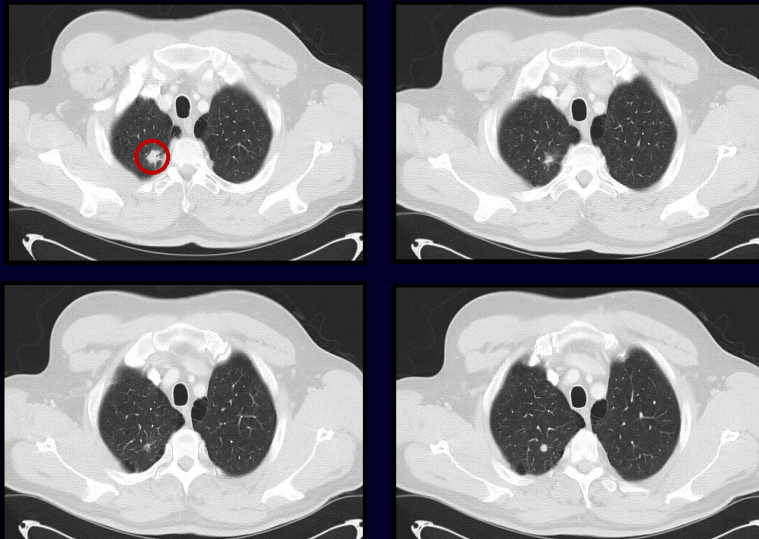
Initial Head MRI



Biopsy and Management Questions

- CT-guided core Bx: adenocarcinoma
- Immunohistochemistry profile consistent with lung origin
- Referred from Eastern WA to Seattle for stereotactic radiosurgery of brain lesion & further opinion

Initial Chest CT



Case 5: Further Background

- PET scan shows disease in RUL only (max SUV 3.7 for each)
- Referred for stereotactic radiosurgery of pons lesion, completed over 5 fractions
- Patient then referred for consideration of further options

Which patients with metastatic disease are appropriate candidates for treatment with curative intent?

How important is absence of any nodal disease in the feasibility of curative treatment for a patient with a “precocious metastasis”?

What treatment should we recommend for fit patients with minimal but positive nodal involvement in the mediastinum (low volume stage IIIA N2 NSCLC)?

Whole brain radiation in addition to
focal brain radiation?

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