



2022 Case Based Panel Discussion

How Oncologists Stage Disease

Speakers:

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TRANSCRIPT

Dr. Dagogo-Jack: Welcome, everyone, to our case-based panel discussion today. I'm Ibiayi Dagogo-Jack. I'm accompanied by three excellent physicians as well. So Natalie Vokes, Catherine Arbour and Joshua Reuss. I'm going to call everyone by their first names. And so let's dive into the first case. So today we're hoping to discuss three cases and how we think about management. So these are quite diverse cases of variety of presentations and think that there's a lot of opportunity for discussion and we may have differences in our practice patterns.

And so think hopefully we'll have some rich discussion around these cases. And so the first patient presentation. This is a 50 year old woman who is presenting with wheezing and one second wheezing and cough. Her clinical history is notable for she has anxiety and hypertension and she quit smoking about 20- greater than 20 years ago. But she's got a ten year smoking history. She has no known family history of lung cancer, but she does have a family history of breast cancer. She works as a teacher.

And because of this cough and wheezing, her primary care provider refers her for imaging. Captured here is her chest CT. We see a right lung nodule versus mass. And I guess let's pause here for a second. And Natalie, if you were seeing this patient in your clinic, what might be the next steps as far as imaging?

Dr. Vokes: So I would definitely be concerned based on this initial chest CT that she has a potential lung cancer. And so usually I would, in parallel, work on getting a biopsy of this mass to confirm with the tissue diagnosis that this is actually lung cancer. And then to save time, I would also think about trying to complete her staging workup. So for lung cancer, we almost always stage our patients with a pet CT and a brain MRI.

So I would order those just to get a sense of whether she has any disease that spread outside of the chest.

Dr. Dagogo-Jack: And so that that is essentially what we did. So she had a Pet scan which is captured here. And so this isn't the best image of a Pet scan. Some of you may have had Pet scans where your doctor showed you the images where things light up in different colors. But this is a version of the Pet



scan where we're doing a non diagnostic CT with it and it doesn't have the same colors. And so I've-I've highlighted the key areas of the Pet scan for you. That nodule that we saw, it's a little bit of a different orientation, but that nodule that we saw in the right lung is bright.

So it shines up as white on that black background. And there's also a little bit of brightness near the windpipe and a lymph node that we call a tracheal lymph node. We tend to think of these as stage three lymph nodes not captured here. There's also a lymph node called a halo lymph node that is bright too. And I should note that we don't have the images here, but her brain scan looked fine. There were no suspiciously areas there and there was nothing outside of the chest that looks suspicious. And so, you know, as Natalie said in staging involves getting these studies as well as a tissue diagnosis, a biopsy of some sort, and based on the positioning of the tumor or the suspicious areas here, she had a bronchoscopy where they actually put a camera down the airway and they took pieces of the lymph nodes that look abnormal here and confirmed that there was cancer there, and particularly a type of cancer called adenocarcinoma or non-small cell lung cancer.

And so based on all the information we have at hand, this is consistent with what we consider a stage three lung cancer.