

ESMO Clinical Practice Guidelines

Early-stage NSCLC Clinical Case Presentation

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Zürich



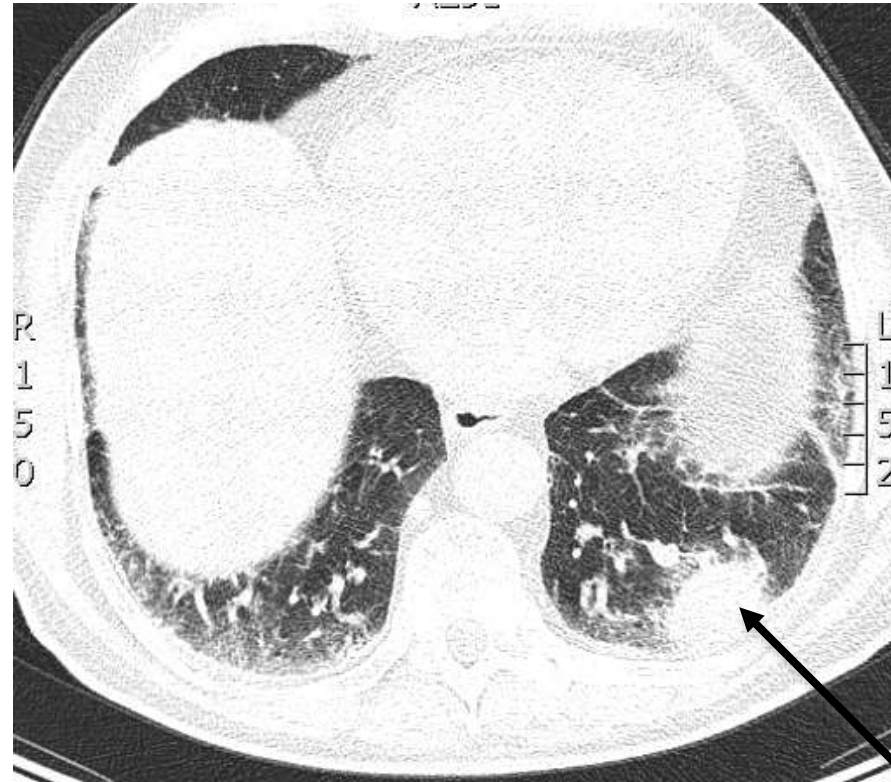
University of
Zurich^{UZH}



Symptoms

Pain left shoulder

Findings



Q1. Which diagnostic procedure?

1. Bronchoscopy
2. EBUS
3. CT-guided transthoracic biopsy
4. Sputum Analysis
5. Liquid biopsy

(one answer)

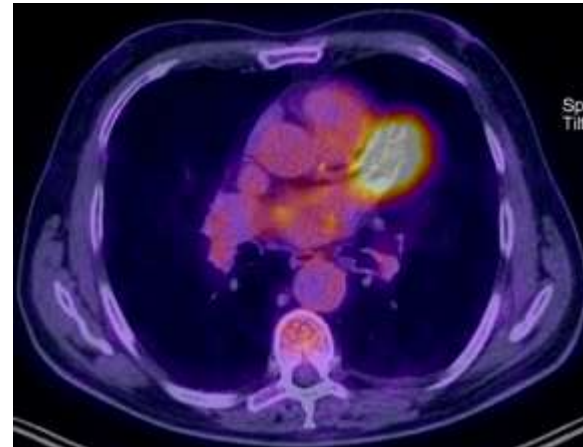
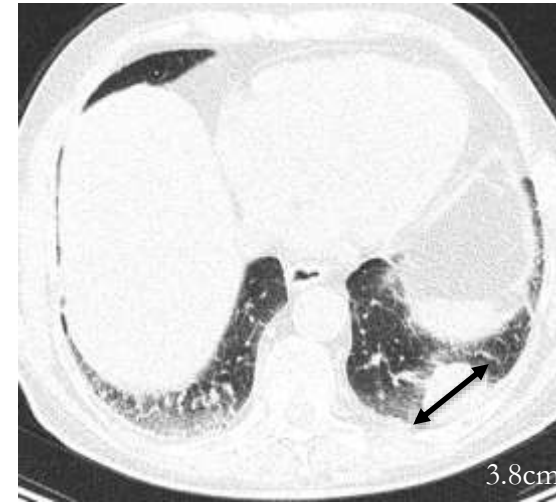
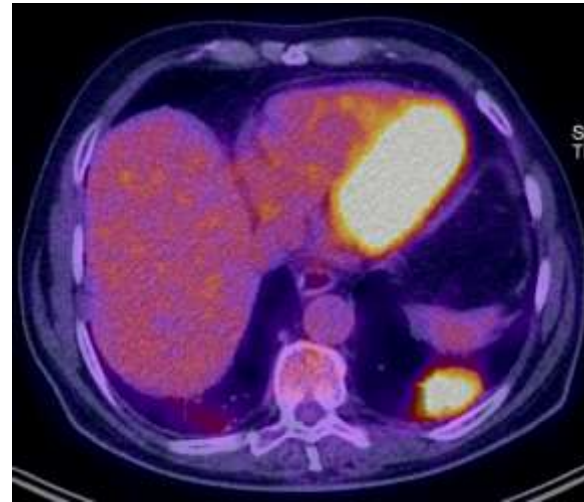


Diagnosis

Transthoracic CT guided biopsy

→ Squamous cell carcinoma p63 positive

Staging



MRI brain without metastases

Q2. What is the clinical/radiological stage (TNM, 7th edition)?

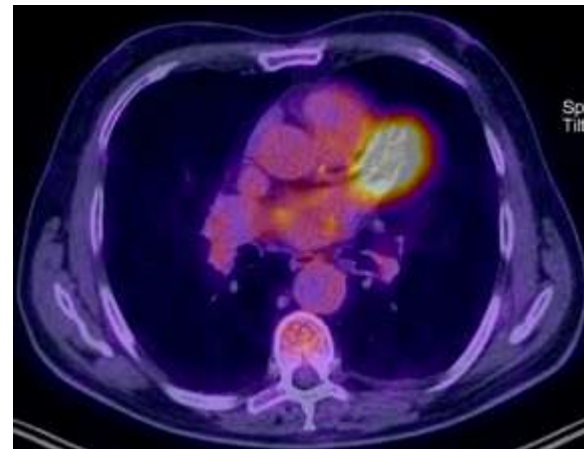
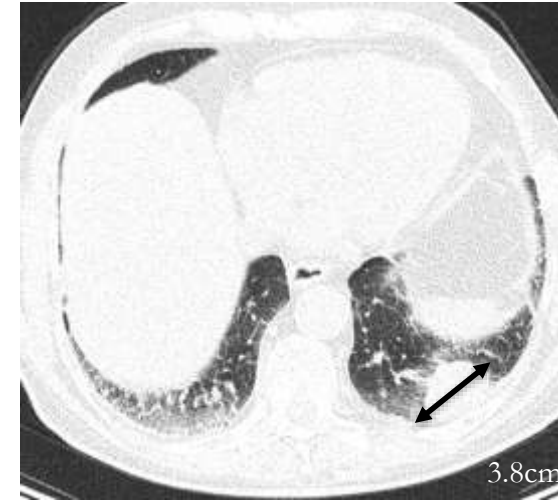
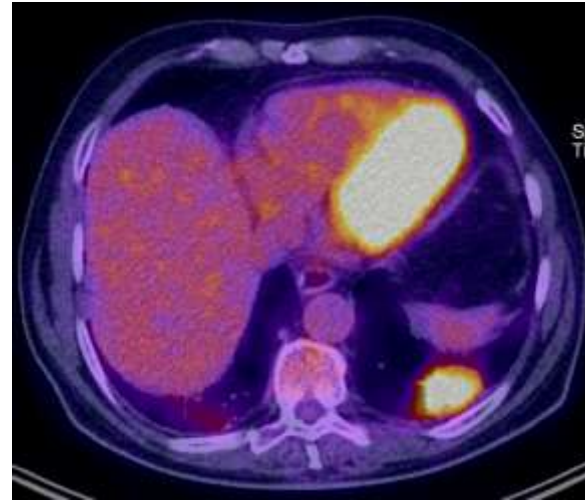
1. pT1cN0cM0
2. pT2cN0cM0
3. cT2acN0cM0
4. pT2cN1cM0
5. cT1pN1cM0

(one answer)

TNM Staging & UICC classification lung cancer (comparison of the 7th and the 8th editions)

DESCRIPTOR	SEVENTH EDITION	EIGHTH EDITION
T component		
0 cm (pure lepidic adenocarcinoma ≤ 3 cm total size)	T1a if ≤ 2 cm; T1b if $> 2-3$ cm	Tis (AIS)
≤ 0.5 cm invasive size (lepidic predominant adenocarcinoma ≤ 3 cm total size)	T1a if ≤ 2 cm; T1b if $> 2-3$ cm	T1mi
≤ 1 cm	T1a	T1a
$> 1-2$ cm	T1a	T1b
$> 2-3$ cm	T1b	T1c
$> 3-4$ cm	T2a	T2a
$> 4-5$ cm	T2a	T2b
$> 5-7$ cm	T2b	T3
> 7 cm	T3	T4
Bronchus < 2 cm from carina	T3	T2
Total atelectasis/pneumonitis	T3	T2
Invasion of diaphragm	T3	T4
Invasion of mediastinal pleura	T3	-
N component		
No assessment, no involvement, or involvement of regional lymph nodes	NX, N0, N1, N2, N3	No change
M component		
Metastases within the thoracic cavity	M1a	M1a
Single extrathoracic metastasis	M1b	M1b
Multiple extrathoracic metastases	M1b	M1c

Staging



cT2acN0cM0, Stage IB



Tumour board

Comorbidities:

- Coronary heart disease
- COPD Stage 2, with severe diffusion impairment

Q3. How would you treat?

1. Resection
2. SBRT
3. Chemo/Radiotherapy
4. Chemotherapy
5. Immunotherapy

(one answer)

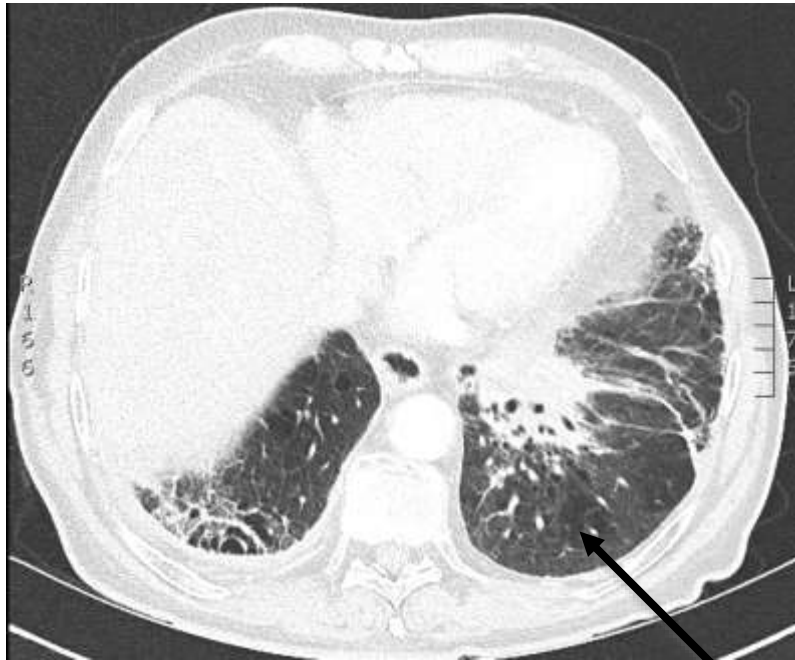


Treatment

cT2acN0cM0, Stage IB

➤ Radiotherapy: 10x 6 Gy

Follow-up (3 years)



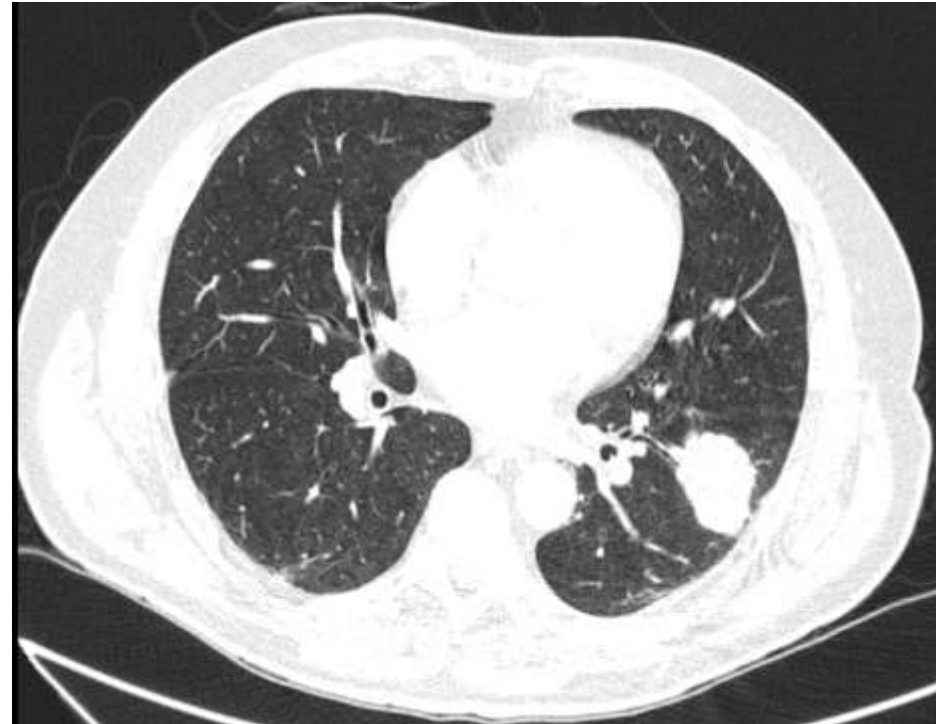


Symptoms

None

X-ray thorax as part of check-up

Findings



Q4. Which diagnostic procedure?

1. Bronchoscopy
2. EBUS
3. CT-guided transthoracic biopsy
4. Sputum Analysis
5. Liquid biopsy

(one answer)

Diagnostic

rEBUS (radial endobronchial ultrasound)

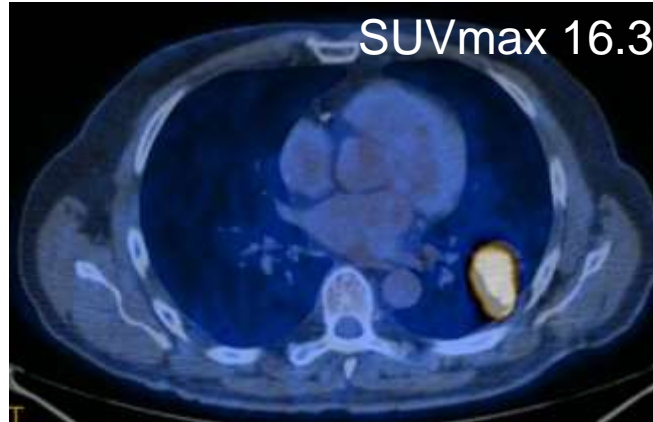


Biopsy lung: adenocarcinoma cells

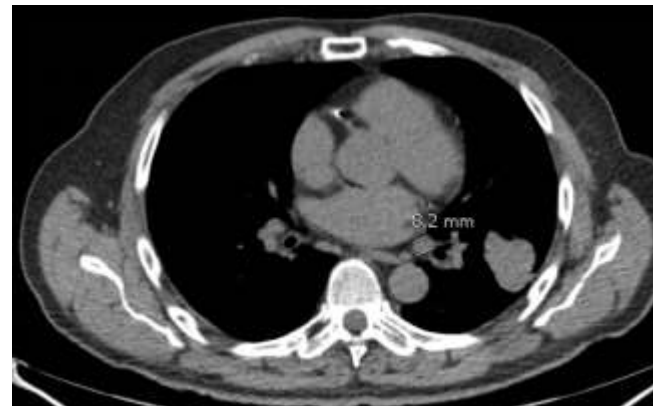
Staging



Primary tumour



Lymphnodes



MRI brain, no metastases

SUVmax hilum: 3.0

Q5. What is the clinical/radiological stage (TNM, 7th edition)?

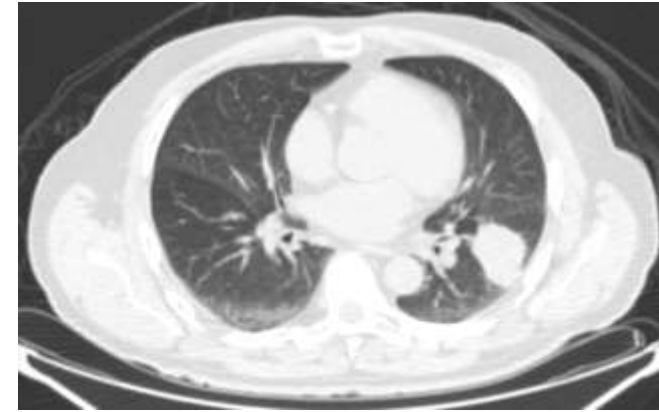
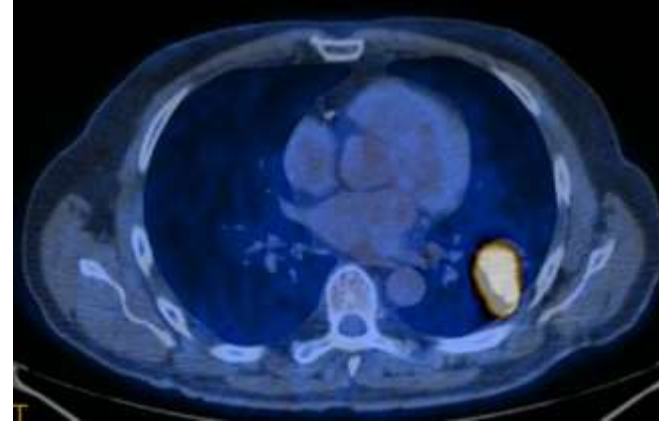
1. cT1cN2cM0
2. cT2cN1cM0
3. cT2pN1cM0
4. pT2cN1cM0

(one answer)

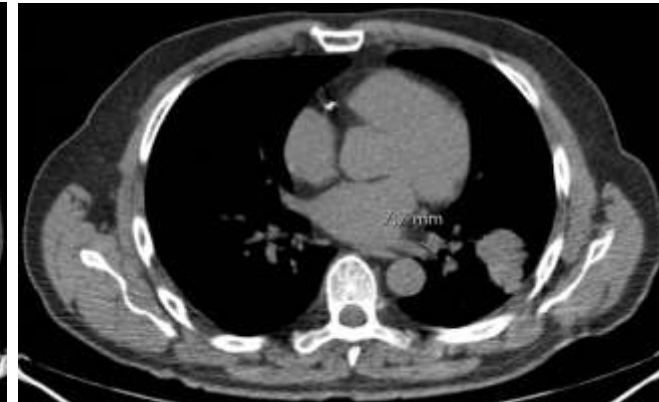
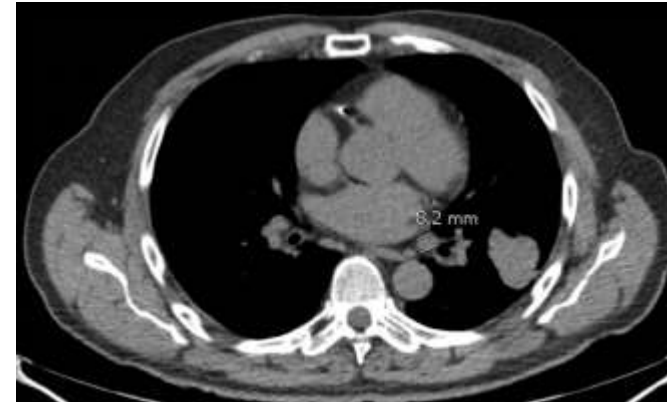
Staging



Primary tumour



Lymphnodes



cT2acN1cM0, stage IIB

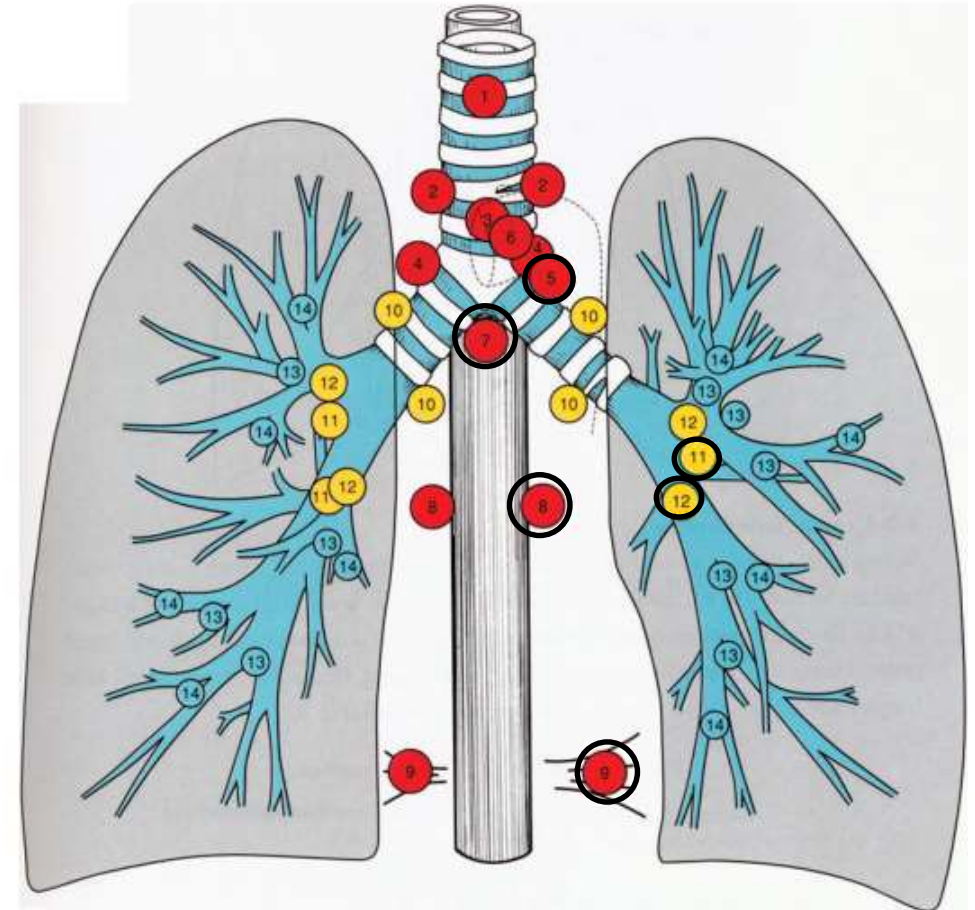
Q6. How would you treat?

1. Resection
2. SBRT
3. Chemo/Radiotherapy
4. Chemotherapy
5. Immunotherapy

(one answer)

Treatment

Resection:
Left lower lobe resection with lymphadenectomy
(position: left 9, 11, 8, 12 & 7, 5)



Rush, JTO 2009

Treatment

Resection:

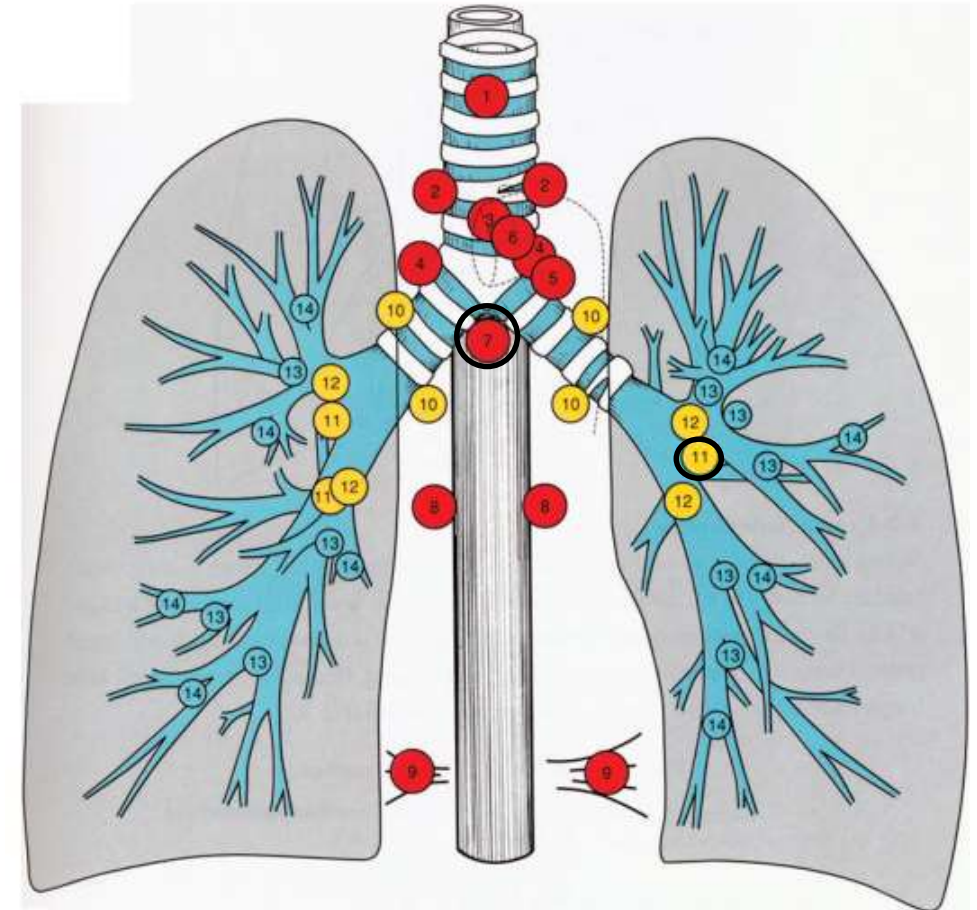
Left lower lobe resection with Lymphadenectomy
(position: left 9, 11, 8, 12 & 7, 5)

Pathology report (AJCC, 7th edition):

Acinar Adenocarcinoma

pT2a, pN2* (6/10), G3, R0; KRASmut, Stage IIIA

*N2: positive at level 11L & 7



Rush, JTO 2009

Q7. How would you treat?

1. Radiotherapy (Mediastinum)
2. Chemo/Radiotherapy
3. Chemotherapy, adjuvant
4. Immunotherapy, adjuvant
5. Analysis of mutational load

(one answer)



Treatment

Resection:

Left lower lobe resection with lymphadenectomy
(position: left 9, 11, 8, 12 & 7, 5)

Pathology report (AJCC, 7th edition):

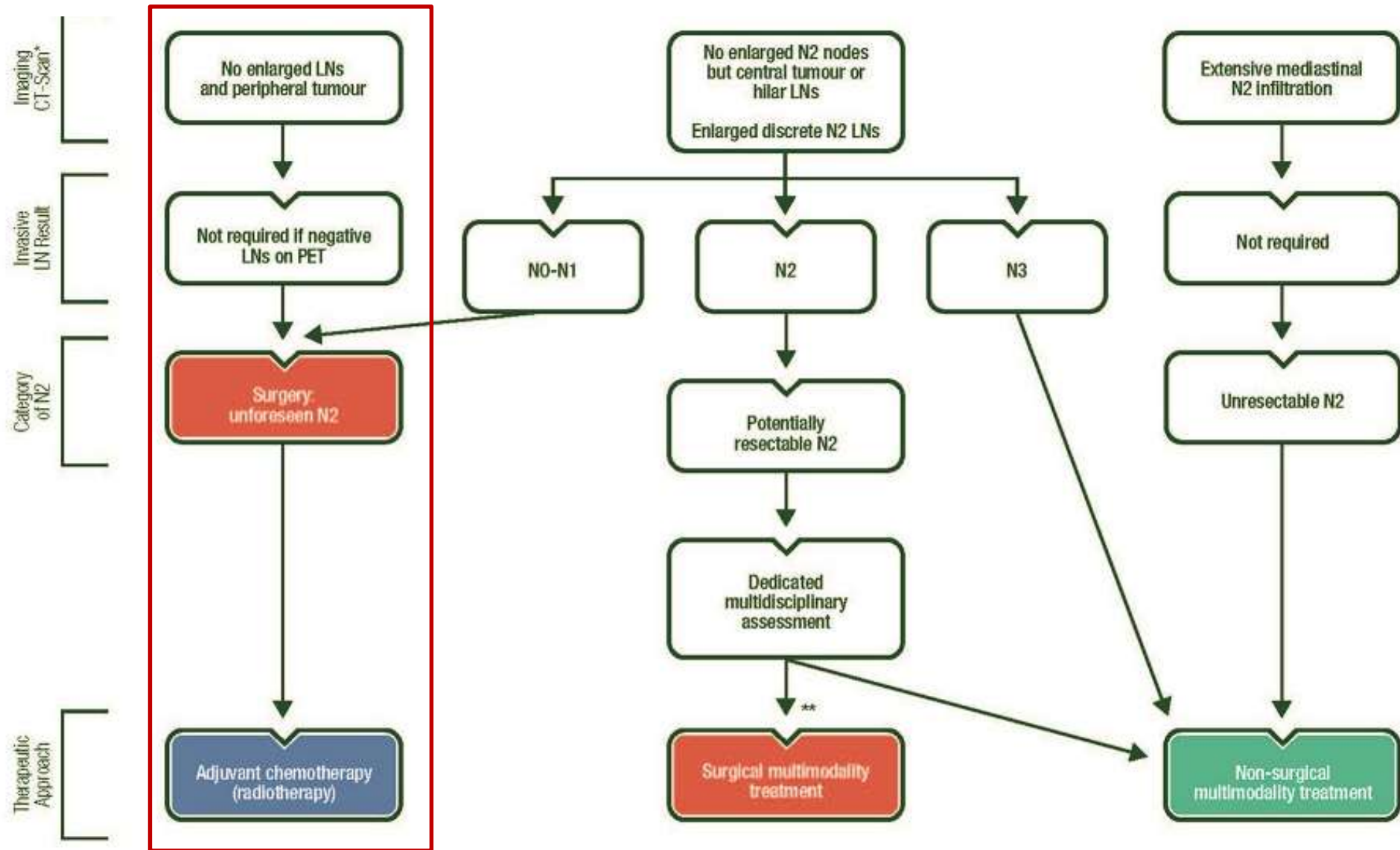
Acinar adenocarcinoma

pT2a, pN2 (6/10), G3, R0; KRASmut, Stage IIIA

Adjuvant chemotherapy

4 cycles cisplatin pemetrexed

Treatment algorithm stage IIIA



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