

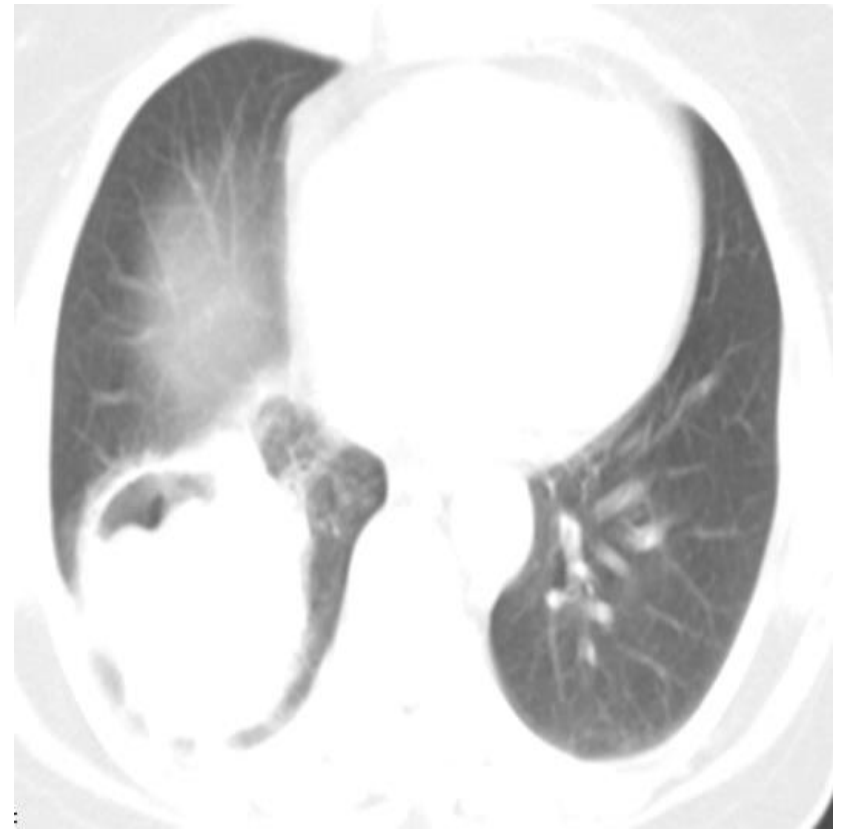
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# Optimal management of IIAN2 NSCLC

# Clinical case presentation

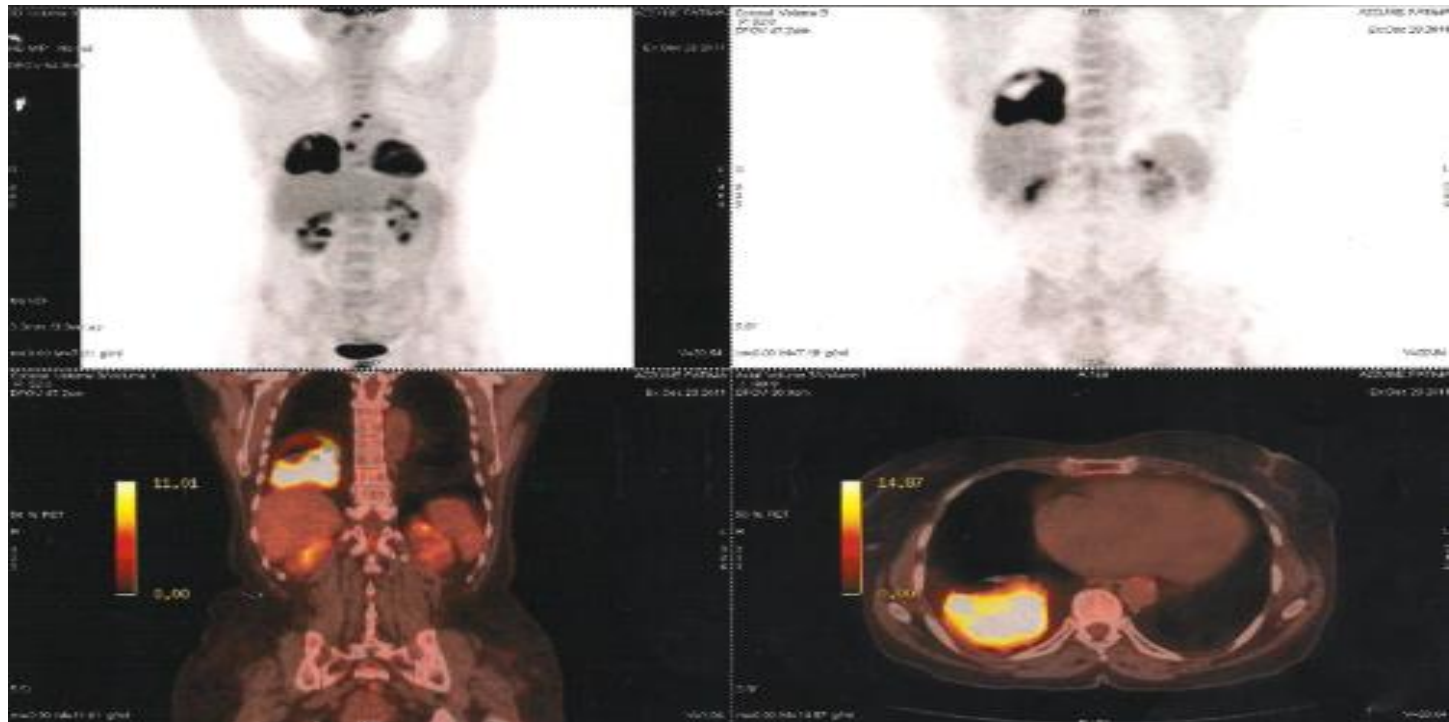
- ⊙ Male. 67 years old. No history of smoking
- ⊙ August 2012: Nocturnal **dry cough refractory to symptomatic treatment**, without pain, hemoptysis, or dyspnea.
- ⊙ **Chest Ray:** Right basal opacity.

- ⦿ **CT scan of the chest:** bronchopulmonary tumor in the lower right lobe measuring 60 mm. Absence of parenchymal lung nodules or mediastinal lymphadenopathy.



- ⊙ **Bronchoscopy** : complete stenosis of the basal pyramid in the right bronchial tree.
- ⊙ **Biopsy**: well-differentiated squamous cell lung cancer.
- ⊙ **Ct scan of Brain and abdomen and Bone scan**: No evidence of distant lesions.

- **PET CT scan:** Large excavated mass measuring 61 mm (SUV = 23) and ADP of Barety loge (SUV = 8.3).



- The patient underwent **mediastinoscopy** with biopsy of the lymph node of the Baretty loge:
- **Histology**: lymph node metastasis of well-differentiated squamous cell carcinoma without capsular rupture



**T2N2M0**  
**Stage IIIA pN2**

# First question: How to treat?

1. surgery alone
2. exclusive concomittent chemoradiotherapy
3. Neoadjuvant chemotherapy followed by surgery
4. Neoadjuvant chemo-radiotherapy followed by surgery

- ⊙ The patient received neoadjuvant chemotherapy (3 cycles of paclitaxel-carboplatin) with good tolerance.
- ⊙ Evaluation objectified a ganglionnar downstaiging.
- ⊙ He underwent then lobectomy with lymph node dissection.
- ⊙ Anatomopathology: squamous carcinoma well differentiated, measuring 5cm, limits of resection free of tumor, 12 N - / 12N => ypT2N0M0.



## Second question: Would you

Follow up ?

Treat with adjuvant chemotherapy ?

- ⦿ The patient is followed up every 3 months with no evidence of relapse.

# Take home messages

- ◉ Stage IIIA N2: heterogenous subgroup.
- ◉ Combined modality approach is recommended if the patient is a candidate for treatment with curative intent.
- ◉ Induction chemotherapy or RT – CT should be considered as the initial treatment for selected patients with clinically evident N2 in potentially resectable disease followed by a locoregional intervention.

# Thank you