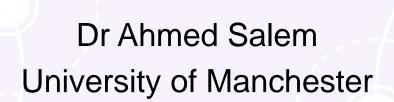


ESMO Preceptorship Programme

NSCLC- Denmark- 7-8 July 2015



Unusual adjuvant NSCLC case

Case summary

67 year old male

 PS 1, heavy smoker, no previous history, good pulmonary function

 Presented to oncology clinic following right lower lobectomy and hilar/ mediastinal LN sampling for adenocarcinoma



Surgical comments and pathological findings

 Surgeon stated that bulky subcrinal LN could not be removed and was left in-situ

 Pathology report: 6cm ademocarcinoma, clear margins, 3/8 LNs positive from ipsilateral hilum and mediastinum, no adverse features otherwise; pT2bN2



Postoperative FDG PET

FDG avid subcrinal LN SUVmax 8

 No other metastatic lesions



Adjuvant therapy plan

 Given patient age and fitness; it was decided to proceed with adjuvant CRT

 EBRT 50Gy in 25Fx to primary, 66Gy in 33 Fx to positive subcrinal LN

CTx: Cisplatin, etoposide x 4 cycles



Questions

• Do you agree with management plan?

 Do you agree with radiotherapy dose to the primary tumour (50Gy) given that all margins were clear?

