



Lung Cancer: Case Presentation

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ESMO SUMMIT AFRICA

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Conflict of interest

- Disclosures
 - Speaking honoraria – Novartis, Janssen, Sanofi

History

- 76 year old male
- Unexplained weight loss
- Poor feeding
- No respiratory symptoms
- 10 pack years of smoking
- Retired vet, currently farming
- No co-morbidities

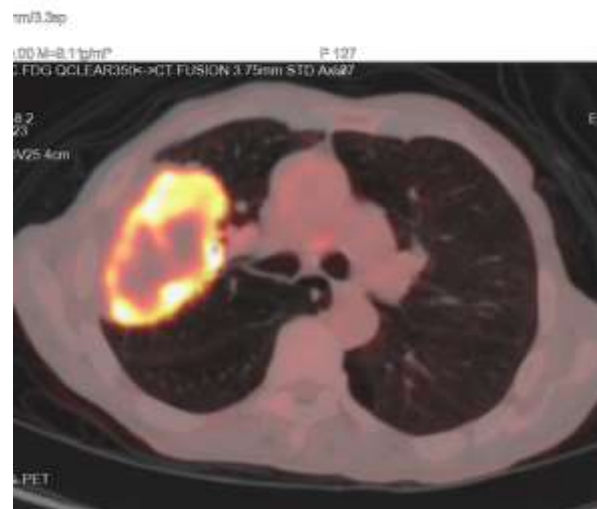
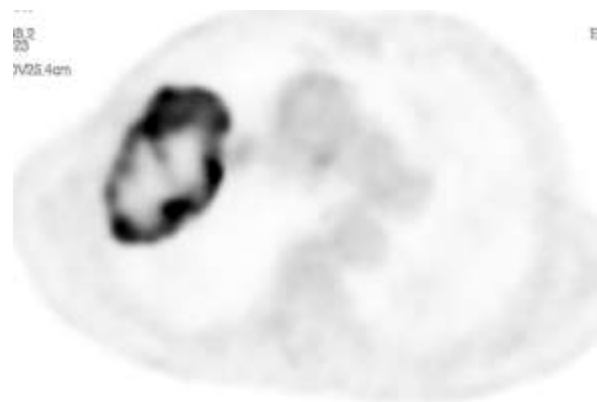
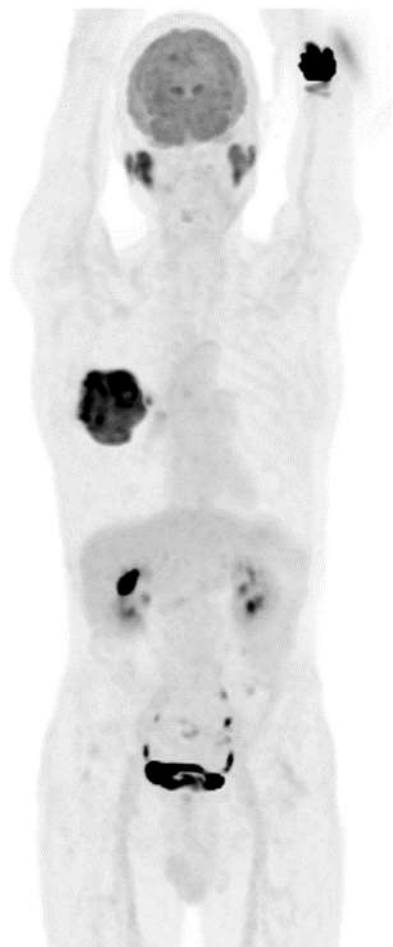
Physical examination

- Elderly male, cachectic
- Mildly pale
- Reduced air entry right upper lung
- Rest of systemic examination normal
- ECOG 1

Investigations

- Laboratory
 - Hemoglobin 10, normochromic, normocytic
 - Normal renal and liver function test
- CT chest and abdomen
 - Right apical lung mass with mediastinal lymphadenopathy, no disease elsewhere
- Biopsy – primary lung adenocarcinoma

PET/CT

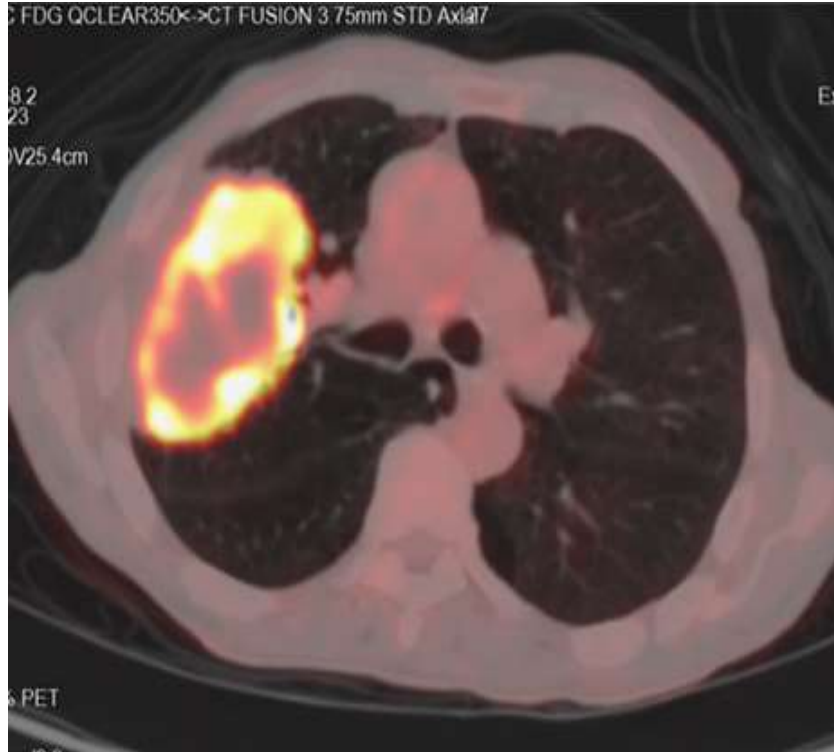


- 9.3*6.7cm mass in anterior segment of right upper lobe SUV 12.5
- No chest wall involvement
- 2 metabolically active hilar nodes SUV 5.9, 1 sub-carinal node 6mm SUV 2.7
- Extensive emphysematous change both lungs
- T4 N2 M0

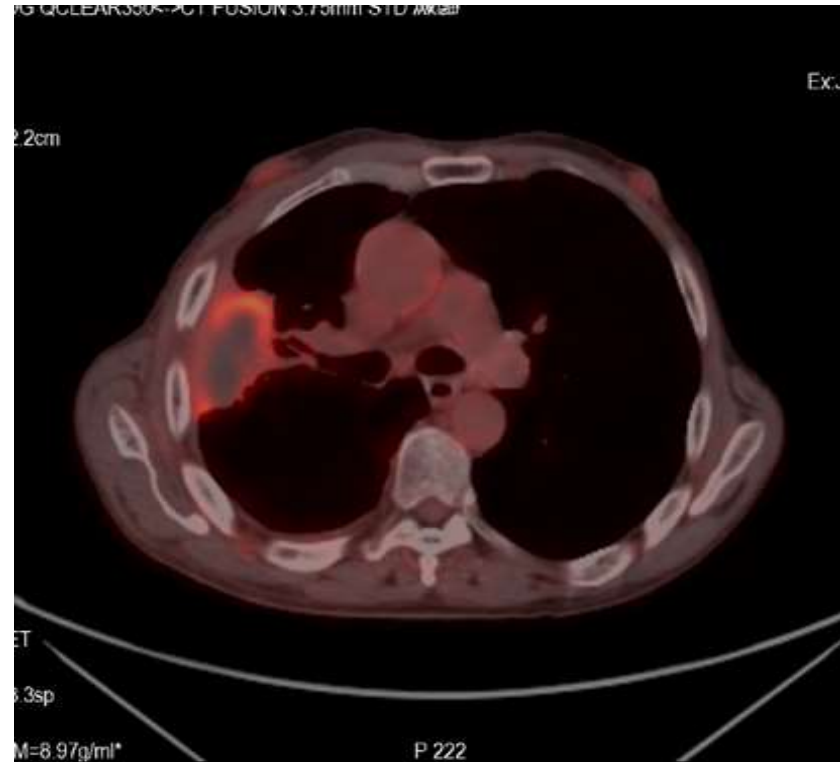
Treatment

- Definitive concurrent chemo-radiation (***weekly carboplatin and paclitaxel*** +6000/30)
- ECOG 2
- Potential for consolidation with durvalumab – patient declined further treatment

Response assessment



9.7*6.3cm mass SUV 12.5
Ipsilateral metabolically active hilar nodes SUV 5.9
1 sub-carinal node 6mm SUV 2.7



5.7*3cm mass SUV 6.4
Complete resolution of nodes

Questions

- Should unresectable stage III lung cancer be treated as stage IV disease?
 - Median PFS after concurrent chemo-radiation is poor approx. 8-12 months
 - Survival at 5 years 15-25%
- Upfront testing for driver mutations and PD-L1 expression?

Thank you