Lung Cancer: Case Presentation

Dr Sitna Mwanzi
Aga Khan University Hospital, Nairobi

ESMO SUMMIT AFRICA
Cape Town, South Africa
15th February 2020
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-morbids
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