Case Presentation:
Lung Cancer Session

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Case Presentation

- 66 year old woman with h/o exercise-induced asthma, presents to PCP with SOB, worse w/exertion, non-productive cough x 4 weeks, and chronic clearing of throat. SOB improves with albuterol, no fevers or sweats.
- Retired hairdresser
- Smoking history: 52 pack year smoker. Quit 25 years ago.
- No history of recent travel
- No significant medical history- takes Carbidopa-Levodopa for restless leg syndrome, Lovastatin for high cholesterol and Albuterol prn wheezing
What Would Be The Next Step in the Work-Up

A) Order CXR
B) Order Chest CT
C) Get Pulmonary Consult
D) Antibiotics
E) Watch and Wait
A Work-up was initiated with a CXR

CXR shows Bilateral and Mediastinal Prominence
Subsequently a Chest CT was done which shows Right Hilar Adenopathy, AP and subcarinal adenopathy as well as well and a 4 mm RUL nodule. The patient was noted to have bullous emphysema.
PET Scan shows bilateral hypermetabolic activity in the mediastinum with maximum SUV of 10.8 noted in the subcarinal region.
What Should You Do Next?

A) Bronchoscopy/Ultrasound guided bx (EBUS) of RUL mass?
B) Mediastinoscopy?
C) Lobectomy?
D) Pneumonectomy?
A Bronchoscopy was performed

- Transbronchial biopsies x 6 from the Subcarinal node
- One biopsy sample shows features consistent with adenocarcinoma of unknown primary.
- A second sample shows inflammation.
- Gram Stains negative for fungal infection or acid fast organisms
- Bronchial washings benign
What would you do next?

A) Treat for adenocarcinoma of the lung, assuming RUL nodule is the primary?
B) Treat for adenocarcinoma, unknown primary
C) Get more tissue/mediastinal node biopsies?
D) Lobectomy?
E) Pneumonectomy?
A cervical mediastinoscopy was performed

- Lymph node biopsies from the Right Paratracheal and Level 3 were performed and no carcinoma was identified.

- Only Non-Necrotizing granulomatous inflammation.
What do you do next?

- No Further Treatment needed?
- Start Chemo?
- Watch and Wait?
- Serial CT Scans?
- VATS Node Dissection?
The Decision in this case was to take the patient to the OR for a RUL wedge resection and mediastinal node dissection by a thoracoscopic approach (VATS)

- 20 lymph nodes were dissected and no carcinoma was identified.
- Surgical biopsies x 2 showed no evidence of cancer but showed non-necrotizing granulomatous inflammation and fungal hyphal forms
What would you do next?

A) Treat for Adenocarcinoma of unknown primary?
B) No further Treatment?
C) Assume Sarcoidosis?
D) Serial CT scans?