



Southeastern Multidisciplinary Approaches to Cancer Symposium

Lung/Head & Neck Cancer: Panel Case Discussion

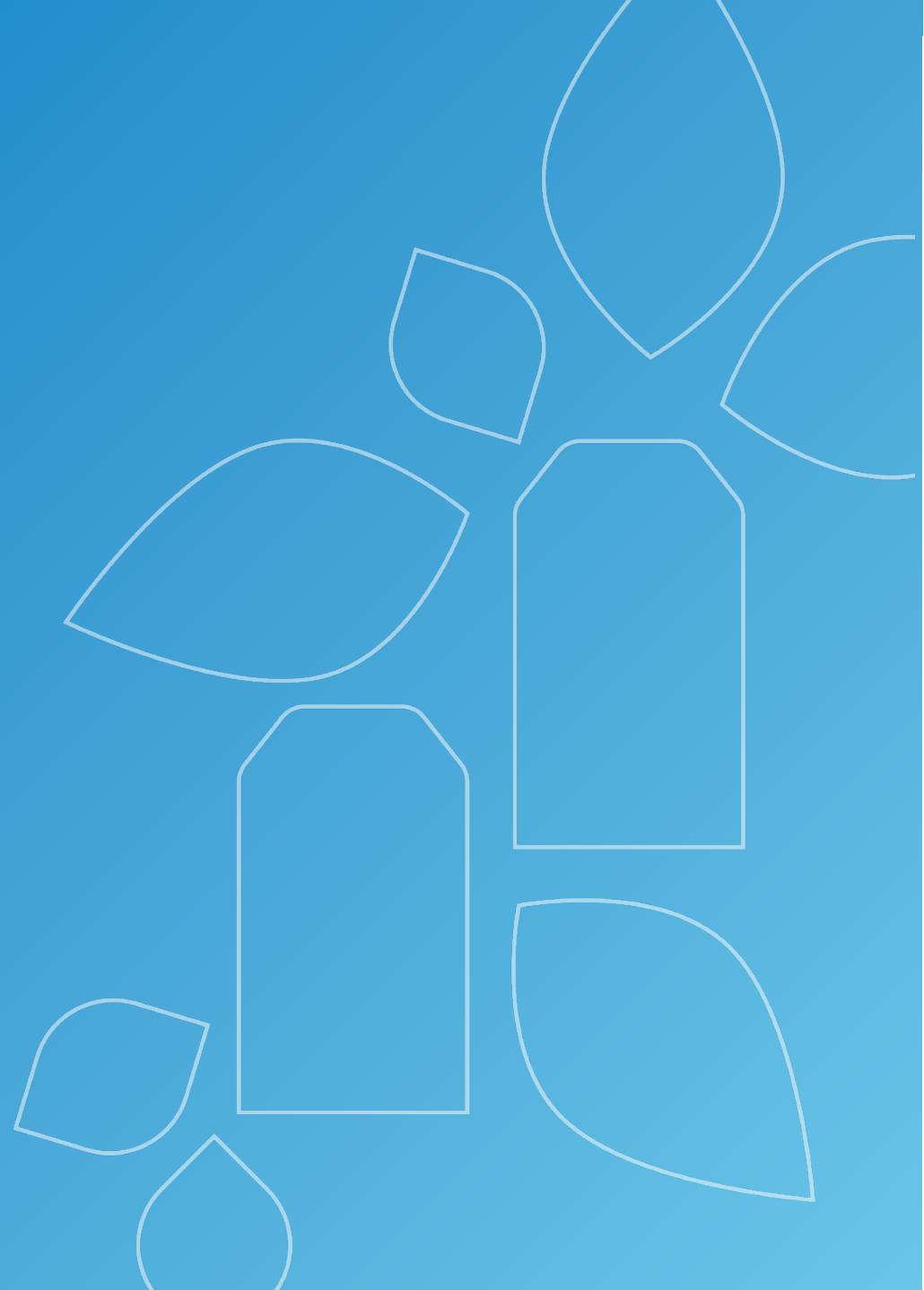
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Speakers:

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Kristin Higgins, MD

Nitika Sharma, MD



Disclosures

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- *No relevant financial relationships with any ineligible companies.*

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- *No relevant financial relationships with any ineligible companies.*

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.



Disclosures

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Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *Address how geographic and socioeconomic barriers in the Southeast impact access to specialized thoracic oncology care, highlighting strategies to ensure equitable access to biomarker testing for rural populations.*
- *Discuss the implicit bias present in under-referring older patients and minority populations for advanced next-generation sequencing (NGS) and early-phase lung cancer clinical trials.*



Case presentation #1

Case presentation

Patient:

63-year-old female with HTN, COPD, and former tobacco use (15 pack-years, quit 10 years ago).

Initial presentation – ED:

New right-sided chest and right axillary line pain.

- CT Chest:
 - 5.3 cm right upper lobe mass, centrally necrotic, with pleural invasion and erosion into the lateral 2nd and 3rd ribs.
- Discharged with a referral to interventional pulmonology.

Interventional Pulmonology:

- Repeat CT Chest (1 month later):
 - Peripheral RUL cavitary mass measuring 5.5 x 4.3 cm with pleural involvement. Adjacent solid pulmonary nodule measuring 1.7 x 1.6 cm. Destructive changes involving the right lateral 2nd and 3rd ribs.



Case presentation

Interventional Pulmonology:

- Bronchoscopy with EBUS (1 week after first IP visit):
 - RUL: Squamous cell carcinoma (P40 positive, TTF-1 negative)
 - 4L: negative for malignant cells
 - 4R: negative for malignant cells
 - 11L: negative for malignant cells

Staging studies:

- PET-CT:
 - 5.2 x 4.3 cm cavitory mass within the apical posterior RUL with extension to the pleural surface and chest wall with destruction of the right posterior 2nd and 3rd ribs.
 - Additional hypermetabolic nodule in the adjacent lung parenchyma, may represent satellite lesion.
 - Mildly hypermetabolic R hilar, R lower paratracheal and R axillary lymph nodes, concerning for nodal metastasis.
- MRI Brain:
 - Solitary left parietal metastatic deposit measuring 13 x 13 mm.

Case presentation

Molecular studies:

- PD-L1 TPS: 10%
- No actionable genomic alterations

Clinical staging:

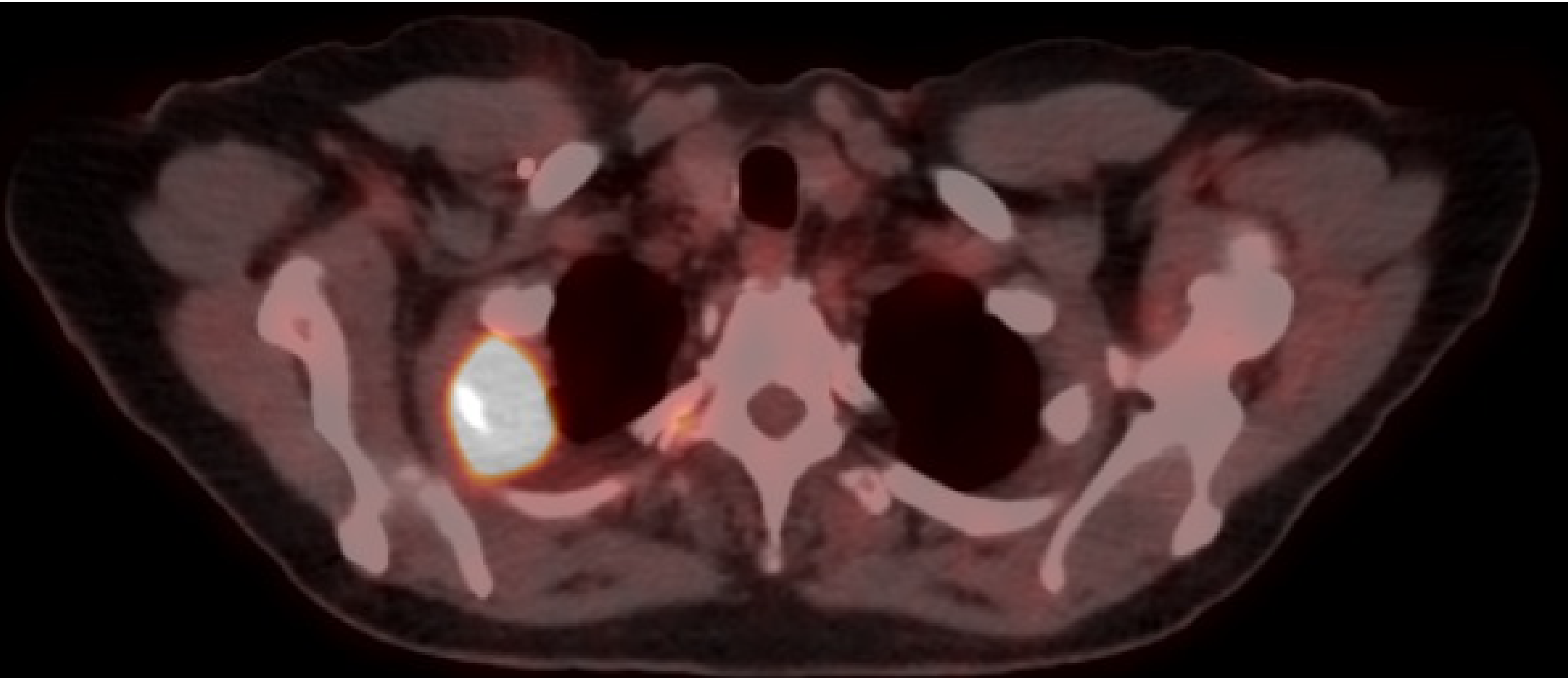
cT3 N0 M1b – Stage IVA

PFTs:

FV1 1.35 L (67.2% of predicted)	FVC 2.24 L (89.3% of predicted)
FEV1/FVC 60%	DLCO 19.07 (107% of predicted)

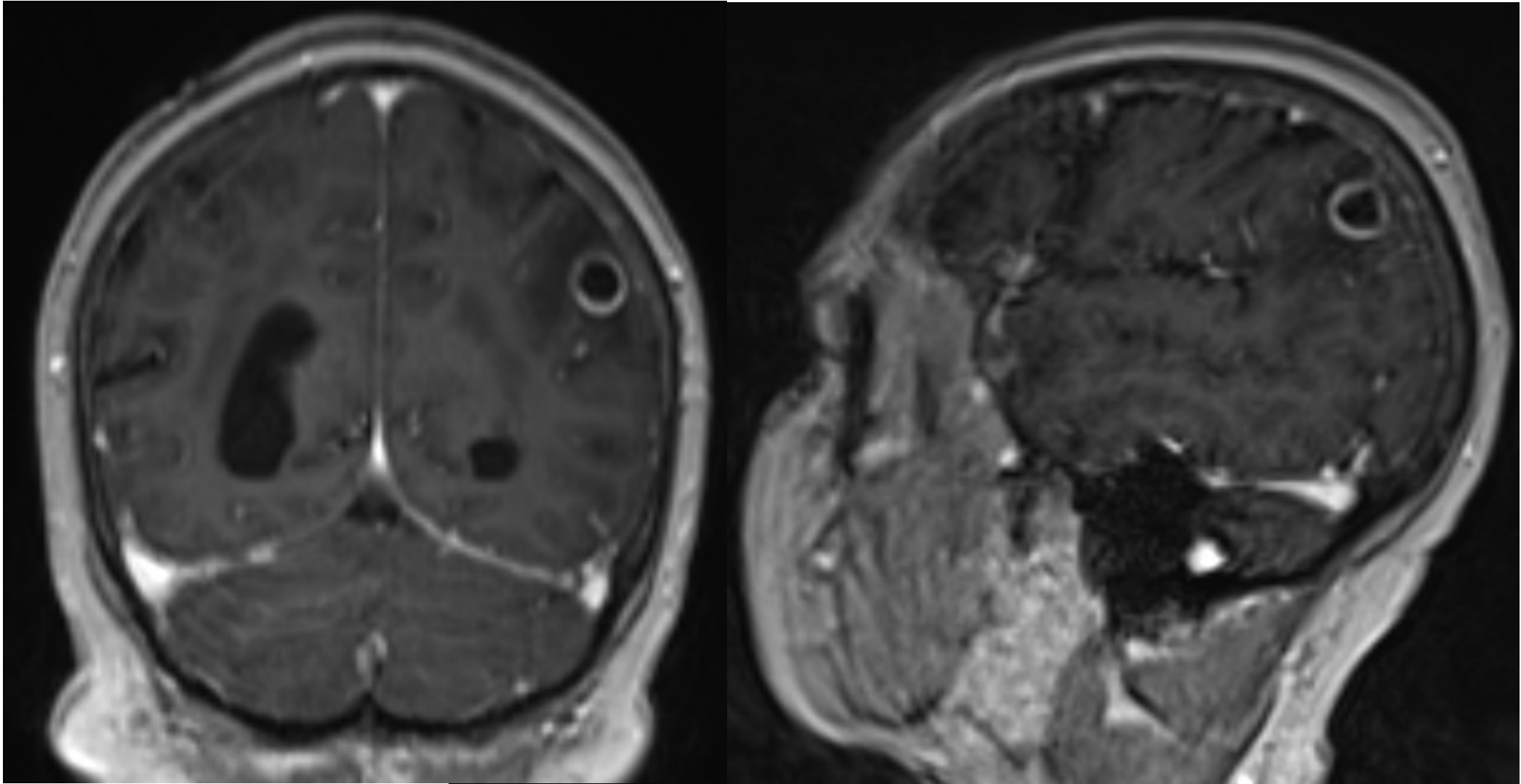
Case presentation - Images

CT Chest and PET-CT:



Case presentation - Images

MRI Brain:



Case discussion

63yo F with squamous cell carcinoma of the lung (RUL) – cT3 cN0 M1b - Stage IVA

What is your treatment recommendation?

- a) Systemic therapy with chemo-immunotherapy for metastatic disease
- b) Systemic therapy with chemo-immunotherapy for metastatic disease, and SRS to the brain lesion
- c) SRS to the brain lesion followed by neoadjuvant chemo-immunotherapy, followed by surgery
- d) SRS to the brain lesion followed by concurrent chemo-radiation to the thoracic disease, followed by consolidation durvalumab
- e) Other recommendations

Case continuation

Initiation of neoadjuvant carboplatin, paclitaxel, pembrolizumab.

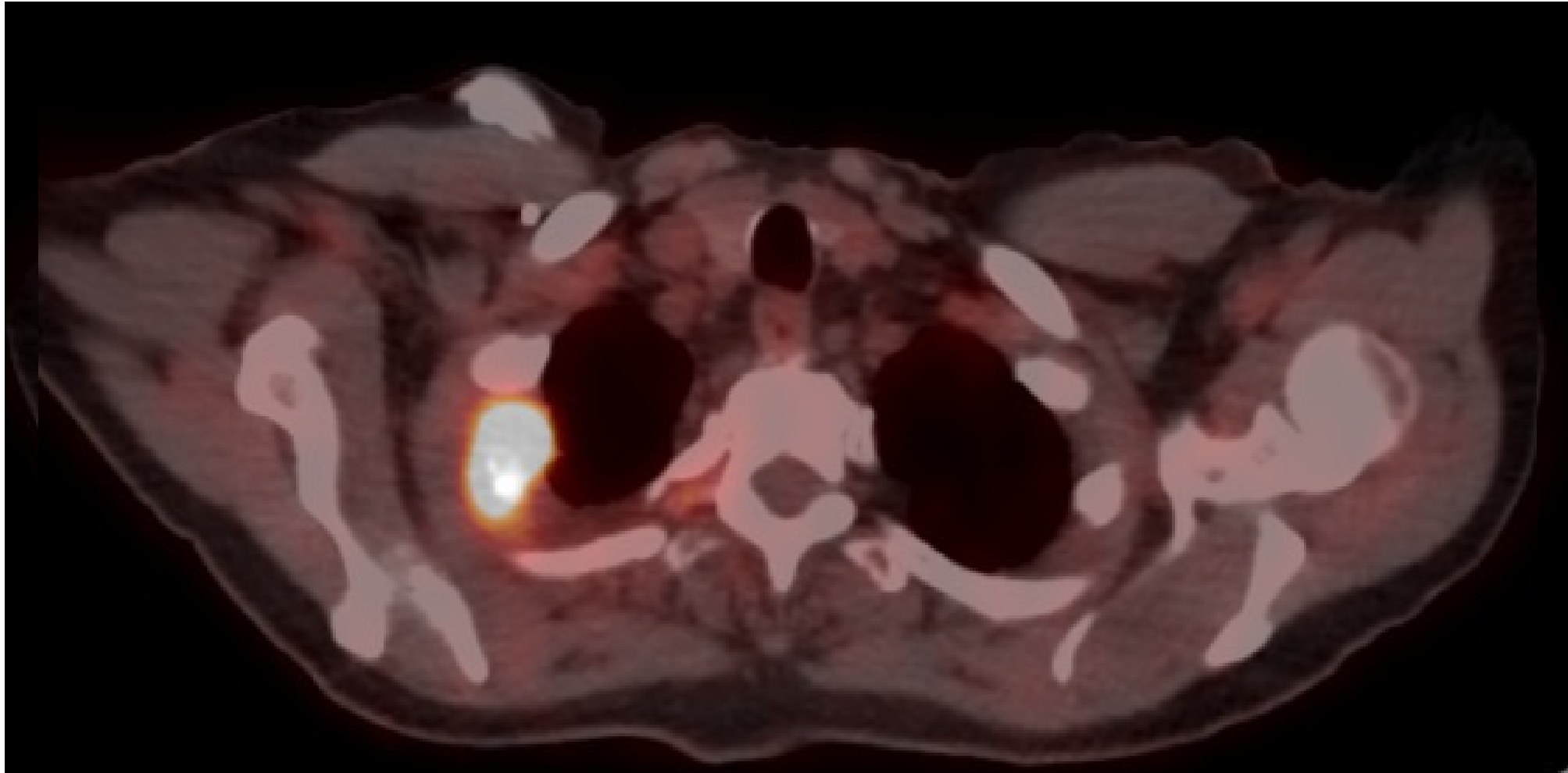
SRS to the solitary brain lesion between C1 and C2 of therapy.

Completion of 4 cycles of neoadjuvant therapy.

- Repeat PET-CT post cycle 4:
 - Interval decrease in size of the right apical cavitory mass lesion measuring 4.8 x 4.6 cm (previously 5.2 x 4.3 cm).
 - The adjacent solid hypermetabolic nodule has significantly decreased in size, measuring 1 cm (previously 2.3 cm).
 - Local invasion of the right posterolateral chest wall involving the 2nd and 3rd rib demonstrating interval decrease in size and metabolic intensity.
- Repeat MRI Brain 12 weeks post SRS:
 - **Decrease in size of the peripheral enhancing left parietal metastatic lesion**, previously measured 13 x 13 mm and **currently measuring 6 x 7 mm** with decreased surrounding vasogenic edema and mass effect. No new lesions identified.

Case continuation - Images

PET-CT:



Case discussion

63yo F with squamous cell carcinoma of the lung (RUL) – cT3 cN0 M1b - Stage IVA

What is your treatment recommendation?

- a) Systemic therapy with immunotherapy maintenance for metastatic disease
- b) Surgery, possibly followed by adjuvant immunotherapy completing the peri-operative strategy
- c) Definitive concurrent chemo-radiation to the thoracic disease, followed by consolidation durvalumab
- d) Other recommendations

Case conclusion

Surgical resection:

Flexible fiberoptic bronchoscopy, right extended thoracotomy, EN bloc resection of right upper lobe and portions of ribs 2, 3, and 4, partial pleurectomy, complete mediastinal lymph node dissection, chest wall reconstruction (10 x 12 cm OviTex patch (cryoablation (intercostal nerves 2 through 7), thoracic cavity field block (Exparel)

Surgical pathology report:

- RUL: Squamous cell carcinoma
 - Greatest dimension: 6.0 cm
- Direct invasion of other structures: chest wall (ribs, fibroadipose tissue)
- STAS: not identified
- LVI: not identified
- Treatment effect: present – 80% residual viable tumor
- Margins: invasive tumor present at lateral and posterior soft tissue margins
- Lymph nodes: negative (4R, 7, 10R)
- ypT3 N0



Case presentation #2



Case presentation

Patient:

65-year-old male with HTN, HLD, CAD, and former tobacco use (40 pack-years, quit 12 years ago).

Initial presentation:

Incidental left lower lobe lesion during cardiac workup.

- CT Chest:
 - 5.1 cm left lower lobe mass, along the superior segment of the left lower lobe. No evidence of thoracic lymphadenopathy.

Discharged with a referral to interventional pulmonology.

Interventional Pulmonology:

- Bronchoscopy with EBUS:
 - LLL: Squamous cell carcinoma (P40 positive, TTF-1 negative)
 - 4L: negative for malignant cells
 - 7: negative for malignant cells
 - 11L: negative for malignant cells



Case presentation

Staging studies:

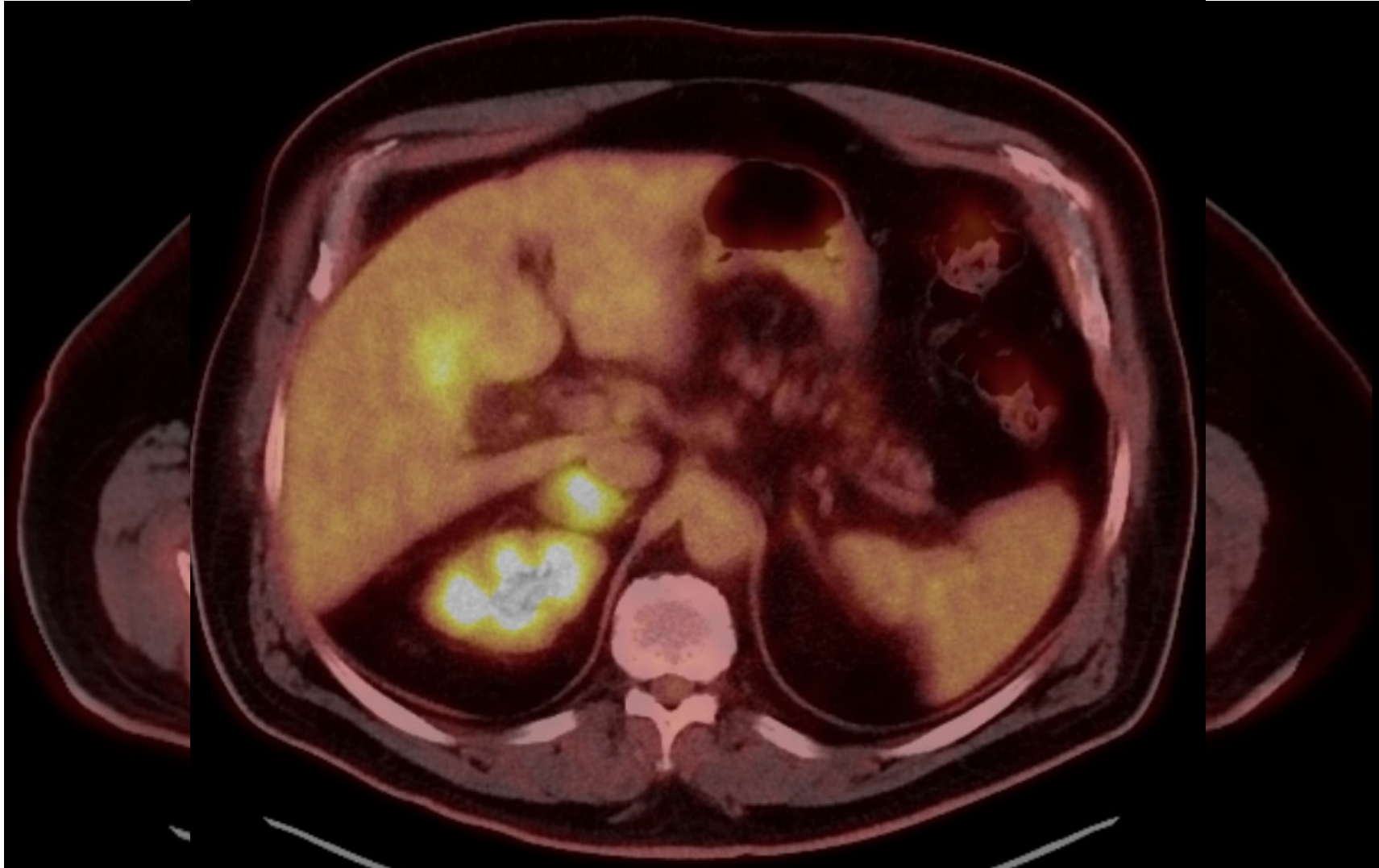
- PET-CT:
 - 5.3 x 2.8 cm mass within the superior segment of the LLL, adjacent to the pleura. No visible thoracic lymphadenopathy.
 - Additional hypermetabolic nodule in the right adrenal gland, may represent a metastatic lesion.
- MRI Brain:
 - No evidence of metastatic disease.

Molecular studies:

- PD-L1 TPS: 60%
- No actionable genomic alterations

Case presentation - Images

CT Chest and PET-CT:



Case presentation

General Surgery:

- PET-CT reviewed, with concerns for benign adenoma.
- Right adrenalectomy:
 - Surgical pathology: Adrenal cortical adenoma, negative for carcinoma.

Clinical staging:

cT3 N0 M0 – Stage IIB

PFTs:

FV1 3.26 L (88% of predicted)	FVC 3.69 L (72% of predicted)
FEV1/FVC 88.3%	DLCO 33.53 (88% of predicted)

Case discussion

65yo M with squamous cell carcinoma of the lung (LLL) – cT3 cN0 M0 – Stage IIB

What is your treatment recommendation?

- a) Neoadjuvant chemo-immunotherapy, followed by surgery
- b) Neoadjuvant chemo-immunotherapy, followed by surgery, followed by adjuvant immunotherapy
- c) Surgical resection, followed by adjuvant chemotherapy, followed by adjuvant immunotherapy
- d) Other recommendations

Case continuation

Surgical resection:

Flexible fiberoptic bronchoscopy, left video-assisted thoracic surgery, extended wedge excision superior segment left lower lobe, complete mediastinal lymph node dissection, cryoablation (intercostal nerves 4 through 7), thoracic cavity field block (Exparel), placement of lung sealant (ProGEL 4 cc)

Surgical pathology report:

- Superior segment of the LLL (extended wedge): **Squamous cell carcinoma**
 - Greatest dimension: 5.4 cm
- Lymph node at station 6: negative for carcinoma
- Lymph nodes at station 5: negative for carcinoma (0/2)
- STAS present
- Visceral pleura invasion present
- LVI not identified
- All margins negative for invasive tumor
- Pathologic staging: pT3 pN0



Case discussion

65yo M with squamous cell carcinoma of the lung (LLL) – pT3 N0 M0 – Stage IIB
Now after resection

What is your treatment recommendation?

- a) Adjuvant cisplatin-based chemotherapy followed by atezolizumab
- b) Adjuvant carboplatin-based chemotherapy followed by atezolizumab
- c) Adjuvant cisplatin-based therapy followed by pembrolizumab
- d) Adjuvant carboplatin-based therapy followed by pembrolizumab
- e) Other recommendations

Case conclusion

Adjuvant therapy:

- 4 cycles of carboplatin and paclitaxel
 - Completed without significant adverse events
- Currently on adjuvant atezolizumab (currently on C6)
 - Grade 1 dermatitis between C2 and C3, resolved after hydrocortisone 1% cream

Most recent scans:

No evidence of disease recurrence in the thorax, no evidence of distant metastatic disease.

Case presentation #3



Case presentation

Patient:

24-year-old female with no previous medical history.

Initial presentation – ED:

Moderate abdominal pain.

- CT Abdomen/Pelvis:
 - No acute gastrointestinal abnormalities
 - 1.0 cm noncalcified nodule in the LLL

Discharged with plans to obtain a repeat CT Chest with her PCP in 3 months.

PCP:

- Repeat CT Chest (3 months later):
 - 1.4 cm nodule in the LLL, with no additional workup recommended.
- Repeat CT Chest (4 months later):
 - 1.6 cm spiculated nodule in the LLL, further workup recommended.



Case presentation

Interventional Pulmonology:

- Bronchoscopy with EBUS:
 - LLL: Adenocarcinoma of the lung (TTF-1 positive, CK7 positive)
 - 7: negative for malignant cells, no lymphocytes seen

Staging studies:

- PET-CT:
 - 1.6 x 1.1 cm nodule in the LLL.
 - No findings concerning for metastatic adenopathy or distant metastatic disease.
- MRI Brain:
 - No evidence of metastatic disease.

Case presentation

Clinical staging:

cT1b N0 M0 – Stage IA2

PFTs:

FV1 2.74 L (100% of predicted)
DLCO 94% of predicted

Case presentation - Images

CT Chest and PET-CT:



Case presentation

Referral to thoracic surgery:

Upfront surgical resection:

- Flexible fiberoptic bronchoscopy, left video-assisted thoracic surgery, left lower lobectomy, complete mediastinal lymph node dissection, thoracic cavity field block (Exparel), cryoablation (intercostal nerves 5 through 8)

Surgical pathology report:

- Left lower lobe (lobectomy): lung adenocarcinoma
 - Greatest dimension: 1.8 cm
- Lymph node at station 6: negative for carcinoma
- Lymph node at station 5: one LN positive for metastatic carcinoma (1/4)
- STAS not identified
- Visceral pleura invasion not identified
- LVI not identified
- All margins negative for invasive tumor
- Pathologic staging: pT1b pN2a



Case presentation

Referral to medical oncology:

- **Molecular studies:**
 - PD-L1 TPS: 0%
 - EGFR Exon 19 deletion

Case discussion

24yo F with adenocarcinoma of the lung (LLL) – pT1b N2a M0 – Stage IIB – EGFR Exon 19 deletion

What is your treatment recommendation?

- a) Adjuvant chemotherapy
- b) Adjuvant chemotherapy followed by osimertinib
- c) Adjuvant osimertinib
- d) Other recommendations

Case conclusion

Adjuvant therapy:

- 4 cycles of cisplatin and pemetrexed
 - Completed without significant adverse events
- Currently on osimertinib
 - Tolerating well

Most recent scans:

No evidence of disease recurrence in the thorax, no evidence of distant metastatic disease.

Case discussion

24yo F with adenocarcinoma of the lung (LLL) – pT1b N2a M0 – Stage IIB – EGFR exon 19 deletion

Would you have recommended neoadjuvant treatment? If so, which one?

- a) No neoadjuvant treatment
- b) Neoadjuvant chemotherapy only
- c) Neoadjuvant osimertinib only
- d) Neoadjuvant chemotherapy and osimertinib
- e) Other recommendations

Case discussion

24yo F with adenocarcinoma of the lung (LLL) – pT1b N2a M0 – Stage IIB – EGFR exon 19 deletion

If the patient had ALK rearrangement? What would be your recommendation after surgery?

- a) Adjuvant chemotherapy
- b) Adjuvant chemotherapy followed by alectinib
- c) Adjuvant alectinib
- d) Other recommendations

If the patient had RET fusion? What would be your recommendation after surgery?

- a) Adjuvant chemotherapy
- b) Adjuvant chemotherapy followed by selpercatinib
- c) Adjuvant selpercatinib
- d) Other recommendations



Thank you!

