

THE AMAZING CASE RACE

CASE STUDY 14

2023 ACADEMY

IASLC



INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER

Managing successful durvalumab consolidation after chemoradiation for locally advanced NSLC

Alessandro Di Federico, MD
Italy

LEARNING GOALS

Goal 1: To identify the best treatment strategy according to patient's and tumor's characteristics.

Goal 2: To balance risks and benefits in the management of common immune-related adverse events that are frequently underestimated in terms of patient's tolerability.

Goal 3: To deal with the often-ambiguous imaging information during the radiographic follow up of patients that received chemo-radiation therapy in the lungs followed by immunotherapy.

BACKGROUND

W.C. is a 76-year-old woman with a history of smoking (16.5 pack-years), without relevant comorbidities.

In February 2018, she was found to have a FDG avid lung nodule in the left upper lobe.

Bronchoscopy and mediastinoscopy were negative for malignancy.

She underwent a LUL wedge resection and mediastinal lymph node dissection in March at an outside institution, which should a stage II lung adenocarcinoma.

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INITIAL TREATMENT

- paracetamol 1000 mg in case of pain.
- Zofran to control nausea and vomiting

COMORBIDITIES/MED HX

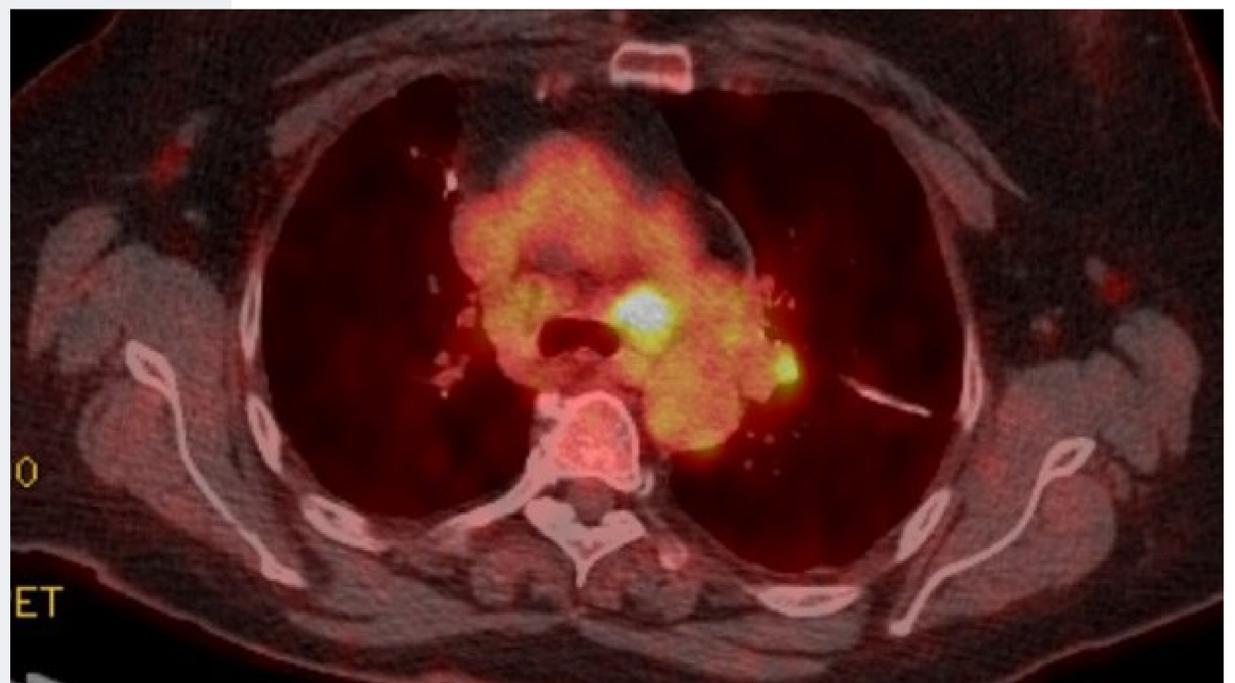
- no relevant medical history

OVERALL DIAGNOSIS

Initial locally advanced lung adenocarcinoma, stage IIIB. PD-L1 TPS 0%.

LABS/IMAGING

- Lab tests unremarkable.
- Staging was complete with a brain MRI, which showed no metastatic brain disease,
- FDG-PET, confirmed the presence of mediastinal FDG avid lymph adenopathies.



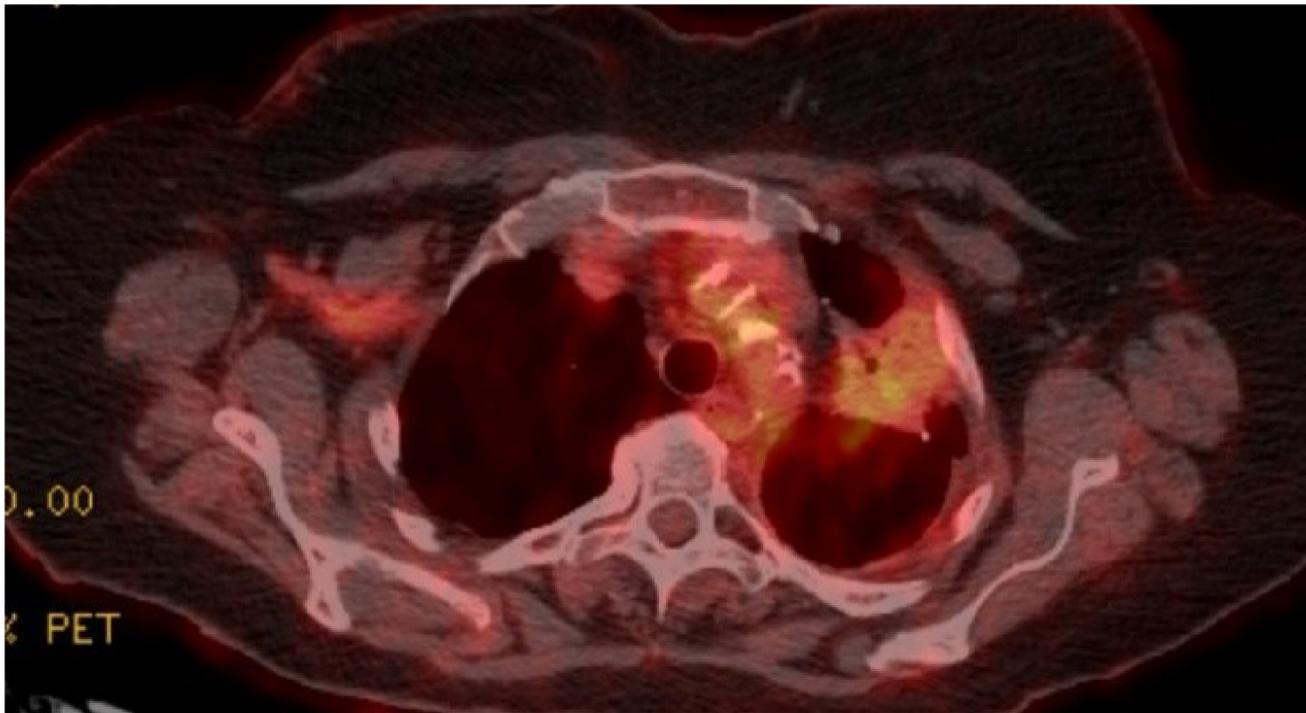
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TREATMENT CONSIDERATIONS

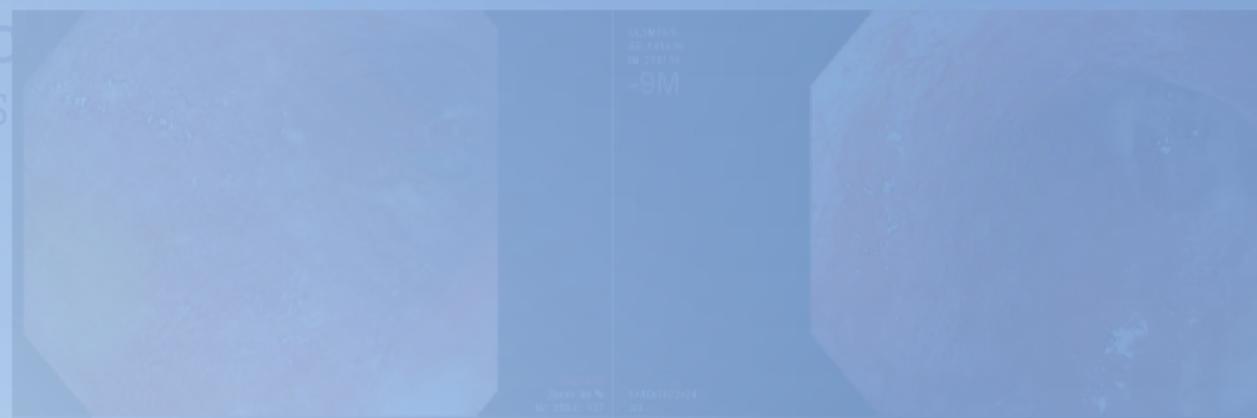
- Considering the stage in the pathology and biology of the disease, and the ECOG PS of), the patient was a candidate to concurrent chemo-radiation therapy (6600 cGy) with cisplatin and pemetrexed, followed by durvalumab consolidation for 1 year.



COMPLICATION
CONSIDERATIONS

Want to learn more about this case?

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Scan showed an irregular soft tissue mass measuring 9.3 x 4.7 x 7.1 cm seen centered in the upper lobe abutting the mediastinal pleura, involving the left perihilar region and superior segment of left lower lobe with multiple satellite nodules scattered in both lungs. Small left pleural effusion. There are also enlarged mediastinal, left hilar and left supraclavicular lymph nodes..

Figure 3