Managing successful durvalumab consolidation after chemoradiation for locally advanced NSLC

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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 chemoradiation 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.
**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 lymphadenopathies.
TREATMENT CONSIDERATIONS

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