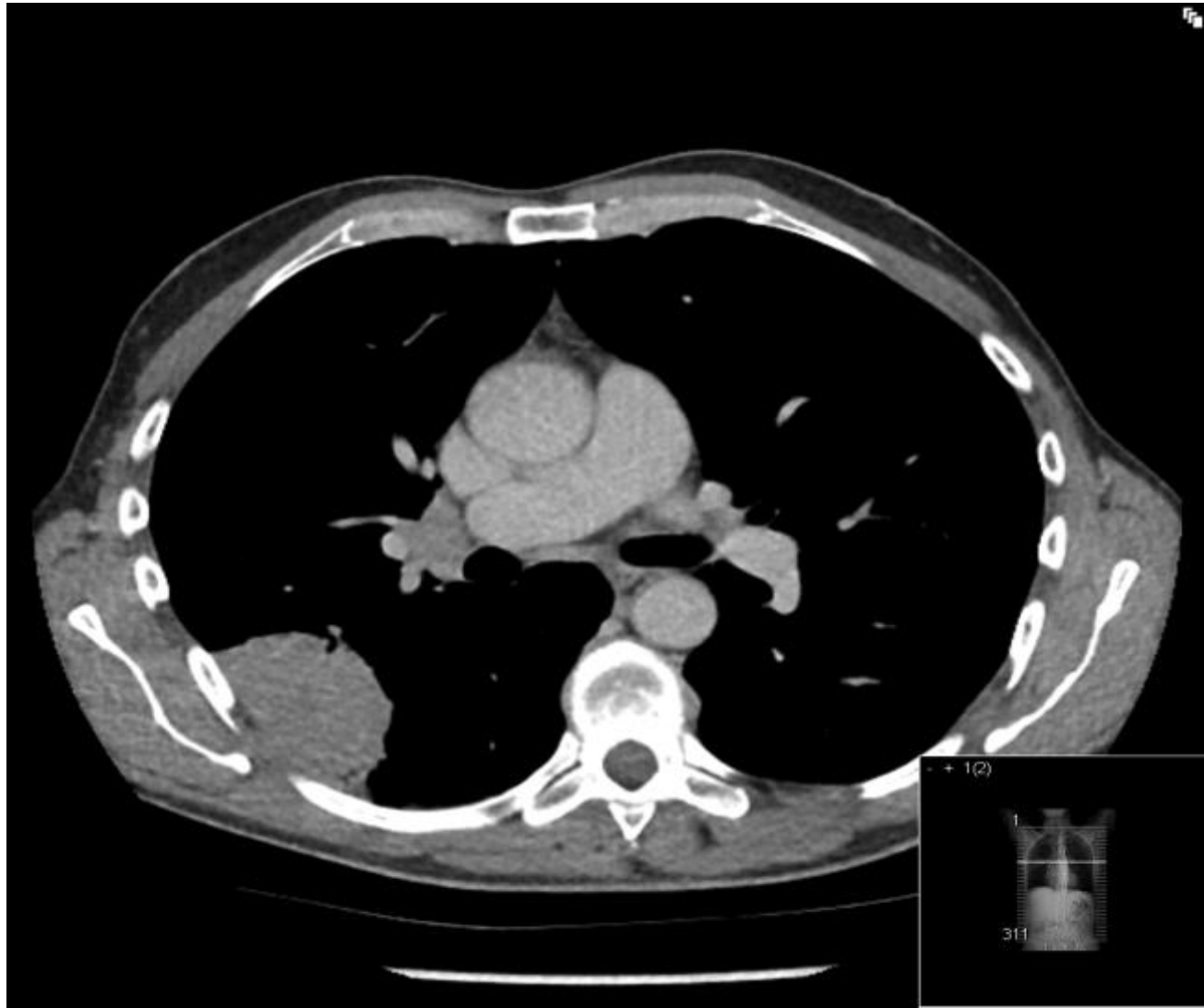


A 63 year old man PS 0, presents with a cough.  
Describe the CT scan



A 63 year old man PS 0, presents with a cough

Biopsy:

Grade 2 Adenocarcinoma: CK7, TTF1 +ve, CK20 -ve

PET CT:

5.2cm mass in right upper lobe, not invading chest wall/ribs

Ipsilateral hilar nodes

No disease elsewhere.

Stage T2b N1 M0

Pulmonary Function:

FEV1: 1.5l FVC: 2.5l TLCO: 65% predicted

What treatment do you recommend?

He elects for Right upper lobectomy

Pathology:

pT2b N1 L1 R0 Grade 2 adenocarcinoma:

CK7, TTF1 +ve,

CK20, EGFR and Alk -ve

What do you recommend ?

He elected to receive adjuvant chemotherapy.  
12 months later he developed a cough.  
Comment on the images.



He elected to receive adjuvant chemotherapy.  
12 months later he developed a cough.  
What do you recommend?



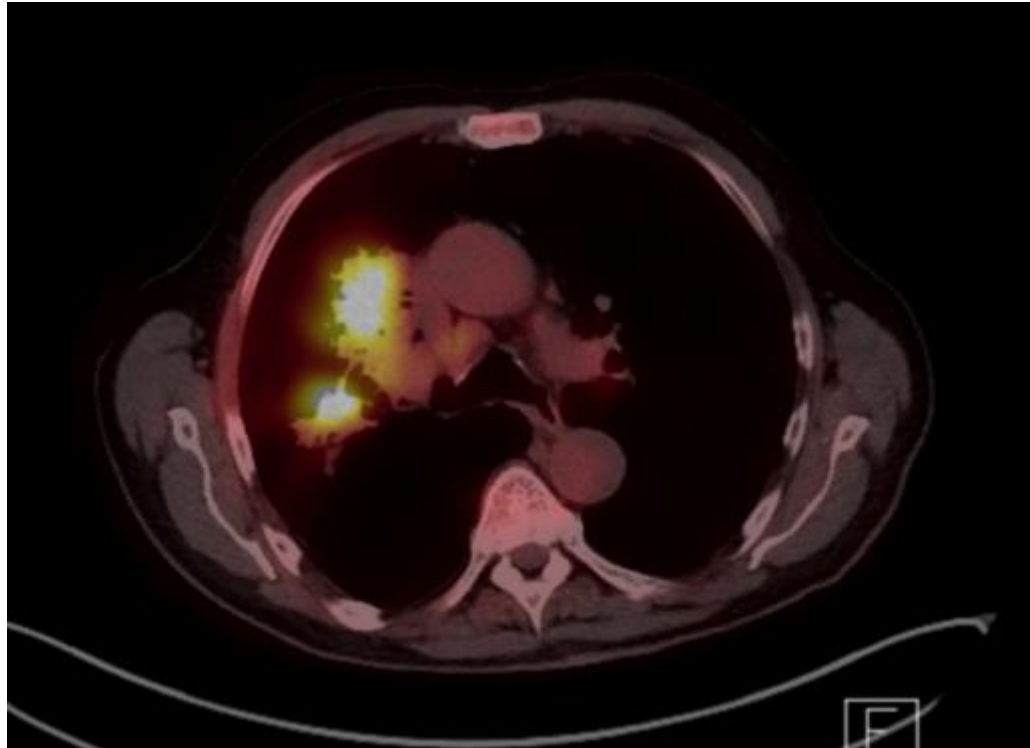
PET/CT:

FDG uptake in the ipsilateral hilar and mediastinal nodes, no disease elsewhere.

Pulmonary Function:

FEV1: 1.5l FVC: 2.3l TLCO: 65% predicted

What treatment do you recommend?



If you were to treat this radically..

Draw your GTV on this CT/PET slice



If you were to treat this radically..

What margins would you use for CTV and PTV?

Dose and fractionation?





You are asked to sign the DVH for treatment.

Dose 55 Gy in 20 F

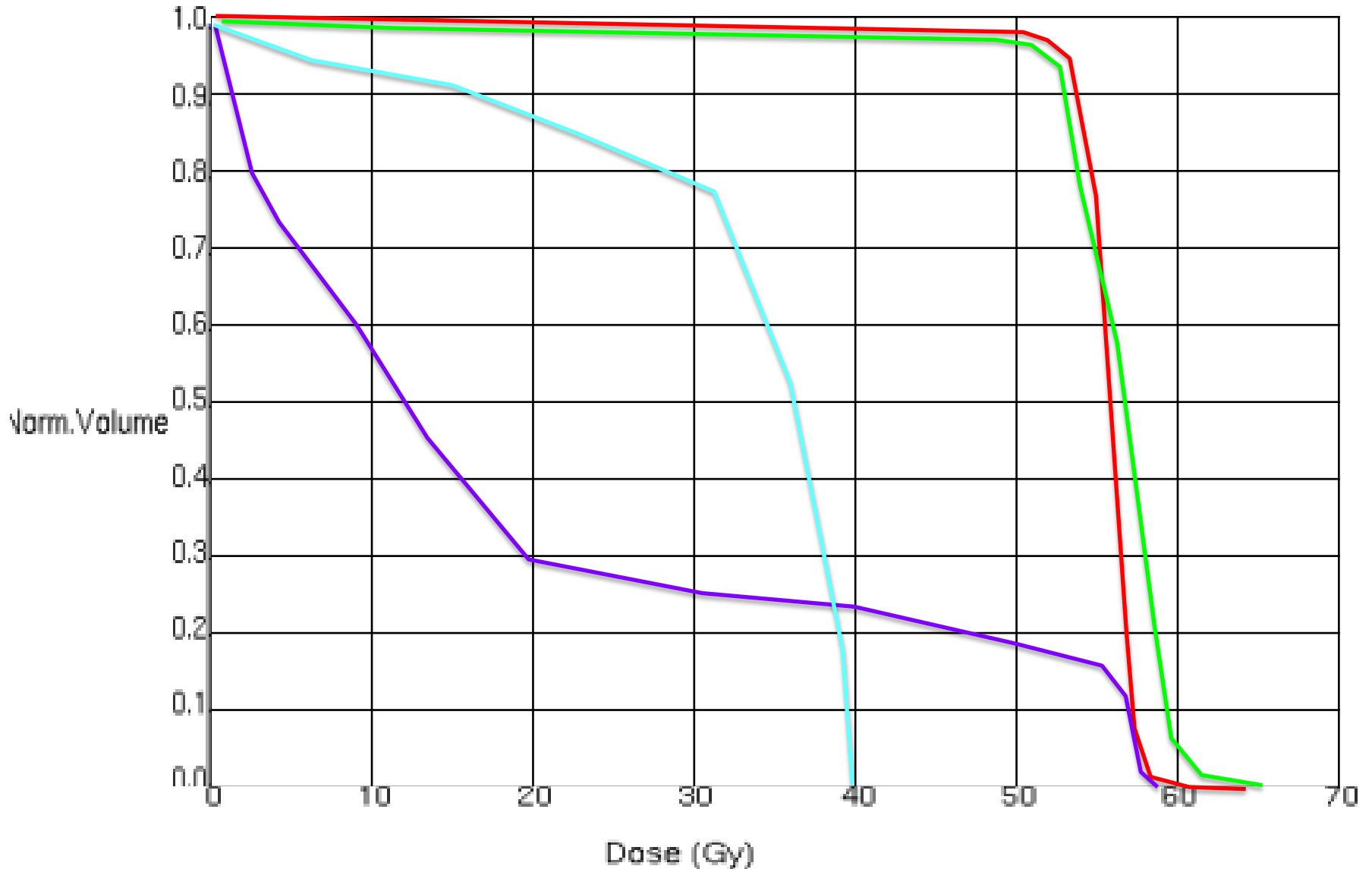
Do you agree ?

Lung – purple

cord – blue

GTV – red

PTV - Green



He is to receive 55Gy in 20 Fractions.

His daughter is getting married in Sri Lanka halfway through his planned schedule of treatment.

He starts radiotherapy but wishes to miss treatment on Friday and Monday enable him to attend.

What is your advice now?