# Cancer Case Scenario 1

**11/15/2016 Background:**

11/15/2016 Patient is a 65-y/o male with a 6- week history of cough, progressive SOB and a recent 20-pound weight loss. Upon examination a chest x-ray and blood work are ordered. Patient he has a 50- year. pack-a-day smoking history. He is otherwise healthy, and takes no regular medication.

**01/15/16 Radiological findings:**

CT scan of his chest and upper abdomen shows a 3 cm mass in the left lower lobe and enlarged mediastinal lymph nodes confined to the left hemithorax. The liver and adrenal glands are normal on CT scan. Bone scan is negative and MRI head does not reveal any metastases. Left lower lobe mass bronchoscopy with washings reveals small cell carcinoma.

**01/15/16 Blood work:**

CBC- normal

Electrolytes - normal

Urea- normal

Creatinine - normal

Liver Function tests, - normal

LDH - normal

**Treatment:**

02/01/2016 Patient receives 6 cycles of etoposide and cisplatin chemotherapy and has a complete response on chest x-ray and CT scan of the thorax and abdomen.

**Follow- Up Note:**

Patient is well for 12 months and then presents with headaches and a seizure. MRI of his head reveals multiple brain metastases. On functional inquiry, he has no other symptoms of concern. Restaging investigations including bone scan, CT chest and abdomen and blood work are normal.

He responds to dexamethasone and whole brain radiation but deteriorates 1 month later with progressive supraclavicular and mediastinal adenopathy as well as 2-1cm liver metastases although liver function is normal.

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| **Text Case Scenario 1** |
| Primary Site: |
| Histology: |
| Physical Exam: |
| Place of Diagnosis: |
| Lab Tests: |
| Xrays/Scans: |
| Pathology: |
| Scopes: |
| Surgery |
| OP/Surgical Procedures: |
| Remarks: |
| Radiation: |
| Chemotherapy: |
| Hormone: |
| Biological Response Modifier: |

# Cancer Case Scenario 2

**Oncology Consult:**

48 year old black male with a history of tobacco abuse, presented complaining of a persistent nonproductive cough. CT scans of the chest showed a 1.9 x 2.3 cm left upper lobe lesion suspicious for cancer and mildly enlarged mediastinal lymph nodes. A bronchoscopy with biopsy was performed followed by a mediastinoscopy. Pathology revealed 2 lymph nodes negative for malignancy from the mediastinoscopy. Cytologic and pathologic findings from the bronchoscopy were positive for poorly differentiated squamous cell carcinoma. An MRI of the brain was negative for intracranial metastasis.

The patient was scheduled for a video-assisted thoracoscopic segmental resection and lymph node dissection. The procedure was successfully performed and pathology confirmed stage 1B disease. Following surgery the patient received adjuvant chemotherapy consisting of cisplatin and vinorelbine.

**02/15/16 Pathology report 1**

Specimen from mediastinoscopy:

Two fragments of tan-brown soft tissue labeled left paratracheal lymph nodes

Final Diagnosis:

Two paratracheal lymph nodes negative for malignancy

**03/22/16** **Pathology report 2**

Specimen from VATS segmental resection and lymph node dissection.

* 2 left hilar lymph nodes-station 10, 1 left interlobar lymph node- station 11, 1 left lobar-station 12 lymph node, 3 left tracheobronchial lymph nodes- station 4, 2 left paratracheal lymph nodes, station 2
* Lung, left upper lobe, segmentectomy- 5.3 x 4.2 x 4.1 specimen with a 2.2 x 1.2 x 1.5cm ill-defined mass. Nearest margin is 2cm from the stapled margin.
* 2 left hilar lymph nodes, station 10-**Negative for malignancy**
* 1 left interlobar lymph node, station 11- **Negative for malignancy**
* 1 left lobar, station 12 lymph node-**Negative for malignancy**
* 3 left tracheobronchial lymph nodes, station 4-**Negative for malignancy**
* 2 left paratracheal lymph nodes, station 2-**Negative for malignancy**
* Lung, left upper lobe, Segmentectomy
  + Tumor size- 2.2cm in largest dimension
  + Tumor Focality -Unifocal
  + Histologic Type-Squamous cell carcinoma, with papillary and clear cell features
  + Histologic grade-G3 Poorly Differentiated

Margins- Tumor is surrounded by healthy parenchyma. Nearest surgical margins 2cm.

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