Stage III NSCLC (EGFR+): A complicated case complicated by COVID
Breakout Room Moderator

• Individual whose last name starts with the letter closest to A in the alphabet will serve as the group moderator

• **Breakout moderator role:**
  1. Make sure you have the questions
  2. Ensure conversation stays on track
  3. Encourage all members to participate

• You will be in breakout rooms for 10 mins and will automatically be pulled back into main room.

• There will be polling questions once you return to the main room. Everyone should feel free to answer these.
• Discussion questions
  • What would your plan be if surgery was going to be performed in the near future (8-16 weeks)?
  • What would your plan be if surgery is no longer an option
  • Does PACIFIC apply from a perspective of a neoadjuvant case or driver mutation
Case Information
• 76 y/o female w/ light smoking history presents for evaluation of 3 cm RULobe mass found on chest CT performed for chest wall discomfort.

• Denies respiratory symptoms, discomfort located at lateral border of scar

• PMH: early stage Breast Ca x 2, 2008 & 2018, Radiculopathy


• Social Hx: 10 pack year history, quit 1970, no ETOH use, married, retired teacher

• Family Hx: daughter diagnosed w/ stage IV NSCLC at age 33
Physical Exam:

- unremarkable
- PS 0
- Bilateral mastectomies
- R chest wall pain reproducible w/ palpation at lateral mastectomy wound
- No palpable lymphadenopathy
- No tenderness in shoulder, normal strength in upper extremity B
- Lungs clear Bilateral
PET/CT: intense uptake in the apical mass and moderate uptake in R hilar and paratracheal lymph nodes, no other sites of uptake
**MRI:** showed mass abutting subclavian artery and vein, but without evidence for invasion.
CT guided needle biopsy:
RULobe mass consistent with adenocarcinoma, TTF-1(+), PD-L1(-), EGFR “L858R”(+)
Bronchoscopy, EBUS and biopsy:

- Airway exam normal
- 4R: 15mm node (+) adenocarcinoma
- 4L and 7: no nodes visualized or sampled

PFTs:

- FVC: 2.69 L (92% pred)
- FEV1: 2.05 L (101% pred)
- DLCO: 19.50 (111% pred)
Diagnosis: cT1cN2M0 adenocarcinoma

- Stage IIIA
- Fit patient
- EGFR mutation
- Single station N2 involvement
- Tumor abuts apical pleura
Treatment History

• Induction therapy followed by resection
• 5 cycles of cisplatin + etoposide w/ concurrent thoracic XRT to 60 Gy
• Tolerated induction well, lost 12#s, but maintain 5000 steps/day
<table>
<thead>
<tr>
<th>Date</th>
<th>FCV</th>
<th>FEV1</th>
<th>DLCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/21/19</td>
<td>2.7 L (92%)</td>
<td>2.1 L (101%)</td>
<td>19.5 (111%)</td>
</tr>
<tr>
<td>02/20/20</td>
<td>2.6 L (90%)</td>
<td>2.1 L (91%)</td>
<td>15.3 (53%)</td>
</tr>
<tr>
<td>03/12/20</td>
<td>2.7 L (90%)</td>
<td>2.1 L (91%)</td>
<td>16.2 (57%)</td>
</tr>
</tbody>
</table>

PFTs with significant decrease in diffusion capacity
Post-induction CT with stable disease
• **02/27/20**: Induction therapy completed

• **03/17/20**: IL Department of Public Health recommend cancelling ALL elective surgeries and procedures to immediately decompress the healthcare system during the COVID-19 response

• **03/20/20**: Governor issued a “shelter in place” order for state residents, directed non-essential businesses to cease operations and prohibited public gatherings.
### Medically Necessary, Time-Sensitive Procedures: Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic

Vivek N Prachand, MD, FACS, Ross Milner, MD, FACS, Peter Angelos, MD, FACS,
Mitchell C Posner, MD, FACS, John J Fung, MD, FACS, Nishant Agrawal, MD, FACS,
Valluvan Jeevanandam, MD, FACS, Jeffrey B Matthews, MD, FACS

<table>
<thead>
<tr>
<th>Patient</th>
<th>Procedure</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Resource utilization</td>
<td>Severity</td>
</tr>
<tr>
<td>Co-morbidity</td>
<td>OR time</td>
<td>Impact of 2-6 week delay</td>
</tr>
<tr>
<td>Risk for COVID infection</td>
<td>LOS and ICU beds</td>
<td>Potential alternative tx</td>
</tr>
</tbody>
</table>
MeNTS Procedure Prioritization

MeNTS score 72: due to age, immune suppression, complexity of procedure, and potential for other therapies