

Lung Cancer Masterclass 17 9 2013

Dr Munavvar

Most Deaths
Smoking

CXR
CT
Bronchoscopy
CT guided Bx
CT guided Mini Probe to periphery
Genetics of Tissue sampled

Lasering lesion
Stents
Thorascopy Talc Pleurodesis
Surgical Excision of lobe or segment
Chemo

Dr Appel RTH

Cancer cell DNA is readily damaged healthy tissue less so

Curative + chemo

Palliative Haemoptysis Pain Cough Breathlessness from pressure

3/12 before benefit [inflammation settles]

Problem tumour moves whilst breathing Techniques to solve this

Sin Lau Chemo

7.5% 5y survival 2nd worst [Pancreas worst]

Small Cell Cancer Chemo TOPOTECAN + RTH including cranial irradiation

Non Small Cell Cancer after surgery to treat micro metastases

Palliation Chemo depends on histology genetic studies

Platinum

Taxane

Gemcitabine

Vinorelbine

Immunotherapy Nivolumab

Medicines.org/emc

Mycancergenome.org

Dr Howells Radiology

CXR Some have vague symptoms

Little use as screen if no symptoms

10% of cxrs don't show the tumour

CT contrast enhanced

Staging PET CT [radio active glucose derivative injected]

CT guided Bx

New cough 3/52 do cxr

Alas little effect on survival

? Low dose helical CT as screen only screen people at high risk

? volumatic CT scanning of nodule

Nidal Bitter Thoracic Surgery

Only 17% feasible for surgery

Lobectomy Lymph node excision

Pleura Chest wall Trachea

Metastases

Chemo follows surgery

Dr Saba Pleural Effusion

Survival 3/12

Pleurodesis [Inserting talc]

Drainage

Bedside USS available to show single or loculated collection Urokinase to break up septae

Nicola Lever Breathlessness management

Healthy Lifestyle [Prevention]

Post Op

Supportive [recurrence]

Palliative

Role of Lung Cancer Nurses

East Lancs 1 or more new cases every day

Often palliative stage when seen

RTH / Chemo symptoms

Urgent Symptoms Spinal Compression

 SVC Compression

 Hypercalcaemia

Richard Booton Good Practice

Poor survival rate

?Delay accessing services

Access to data about results of treatments

?Commissioning of services

Variable access to specialists at MDTs

No hospital has all the equipment or specialists

Stage 4 do only Bx

Now radiologist orders CT after discovery of cancer on CXR

Do PET and Fitness for Surgery tests before MDT

If Doubtful fitness second MDT with 2 Thoracic Surgeons

Lung Cancer moves fast hence the hurry

Select only highest risk patients for screening

