



Where Science Becomes Hope

Patient-Based Panel Discussion Lung Malignancies

- All Speakers: Drs. Steuer, Ardeshir, Leal, Ramalingam, Tian, Carlisle
- Case presented by Emory University Hematology fellow: Abraham Attah MD

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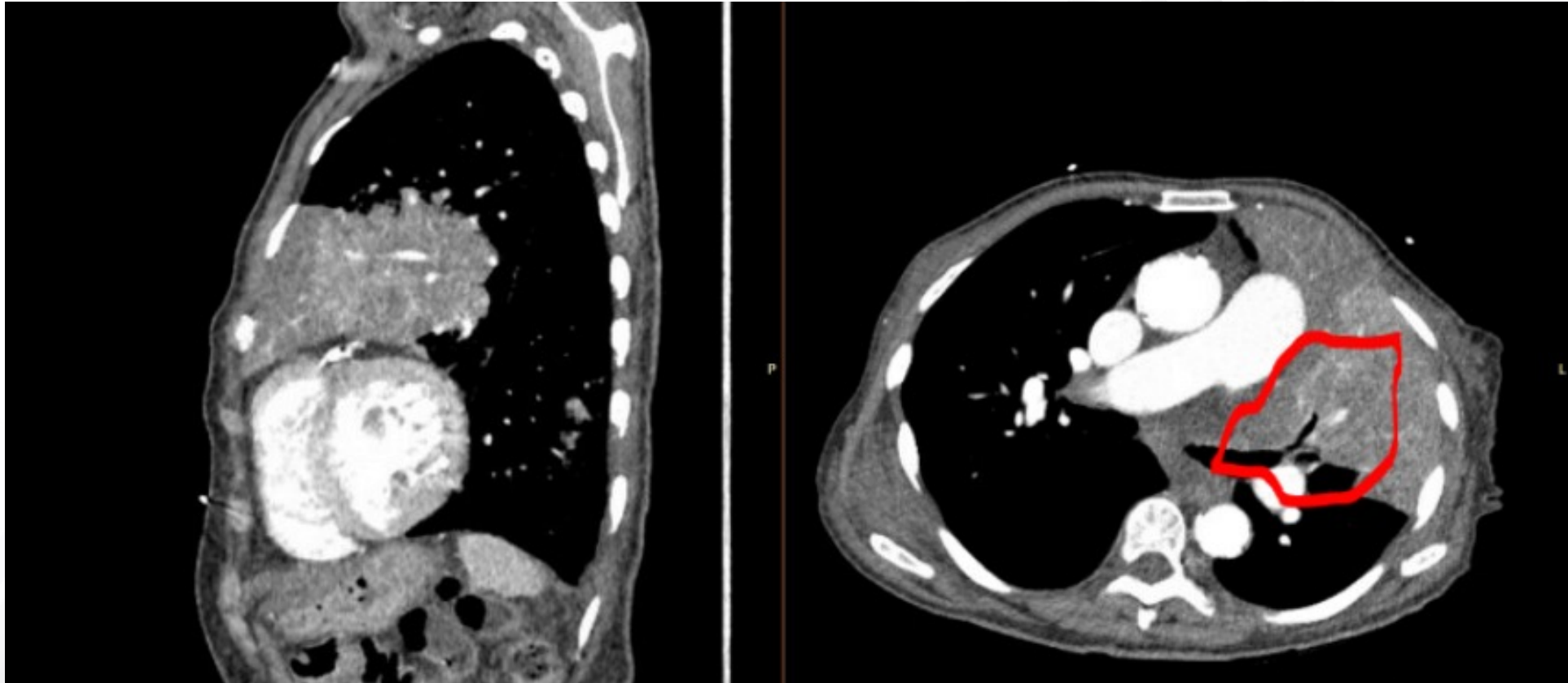


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Clinical Course

- 76F presented to the ED for hemoptysis described as strikes of blood when she coughs (low volume)
- Imaging with LUL mass with left hilar necrotic aortopulm window LNs
- Bronchoscopy with TBNA. Path with SCLC
- Staging scans with CT a/p and MRI brain negative. Small left pleural effusion noted. cT2bN2M0, stage IIIA. ECOG 1. PET CT with similar findings
- Completed 4C of cCRT with cis (20% DR) /etop
- Repeat scans with stable dx, started on consolidation therapy with durva per ADRIATIC trial

Imaging



Panel discussion

- How do you clinically stage patient with small pleural effusion who can't undergo diagnostic thoracentesis?
- Thoughts on the use of cisplatin vs carboplatin in elderly patient with normal kidney function and good performance status? Which regimen do you prefer > Cis 75 with etop 100 vs Cis 60 with etop 120?
- For patients admitted requiring inpatient treatment, what are your thoughts on starting chemo prior to cCRT in unstable patients?

Clinical Course

- She completed durva maintenance for 12 months (declined further treatments)
- Surveillance scans done a month after completion of durva showed PD in lungs
- Patient currently planned to start Lurbinectedin for 2L therapy

Panel discussion

- How do you decide on the 2L treatment option? Resume durva vs 2L therapy?
- What new options are in the pipeline for patients with SCLC given the high risk of recurrence?