Case 2

Paula A. Ugalde
Clinical History

• Female 45 yo
• Treated for asthma since 25 yo
• Otherwise healthy
• Recently had a pneumonia – admited to hospital
Management

- Bronchoscopy
  - IB, Endoluminal lesion, easy bleeding
  - Biopsy: atypical carcinoid

- Need a PET?
- Mediastinoscopy?
• video
Final Pathology

• Atypical Carcinoid envolving ML and RIL –
  – 7cm mass
  – Margins free
• All nodes negative
• T2bN0M0 – Stage IIA
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**Lung Neuroendocrine Tumors**

**PATHOLOGY**

- Low-grade neuroendocrine carcinoma (typical carcinoid)\(^a\)
- Intermediate-grade neuroendocrine carcinoma (atypical carcinoid)
- High-grade neuroendocrine carcinoma (large-cell neuroendocrine carcinoma)
- Combined SCLC and NSCLC

**WORKUP**

- Pathology review
- Chest/abdominal CT
- Bronchoscopy
- If enlarged mediastinal nodes on CT, mediastinoscopy, or other mediastinal staging
- Consider octreotide scan
- PET scan (optional)\(^b\)

See Clinical Stage and Treatment (LNT-2)

Treat per NCCN Guidelines for Non-Small Cell Lung Cancer

Treat per NCCN Guidelines for Small Cell Lung Cancer (see SCLC-1)

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\(^a\) Management of endocrine symptoms as indicated (See the Carcinoid Tumors section in the NCCN Guidelines for Neuroendocrine Tumors).

\(^b\) PET scan is undergoing evaluation in clinical trials and should only be considered as a supplement and not a replacement to other studies.

**Note:** All recommendations are category 2A unless otherwise indicated. Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.
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#### Lung Neuroendocrine Tumors

<table>
<thead>
<tr>
<th>Clinical Stage</th>
<th>Primary Treatment</th>
<th>Adjuvant Treatment</th>
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</thead>
<tbody>
<tr>
<td>Stage I-III A</td>
<td>Surgery:&lt;sup&gt;d&lt;/sup&gt; Lobectomy or other anatomic resection&lt;sup&gt;e&lt;/sup&gt; + mediastinal lymph node dissection or sampling</td>
<td>Low grade (typical) → Stage I, II, III → Observe</td>
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<tr>
<td></td>
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<td>Intermediate grade (atypical) → Stage I → Observe</td>
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<tr>
<td>Stage IIIB (except T4 due to multiple lung nodules)</td>
<td>Cisplatin/etoposide ± RT</td>
<td>Stage II, III → Cisplatin/etoposide ± RT (category 2B)</td>
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<tr>
<td>Stage IIIB (T4 due to multiple lung nodules) or IV</td>
<td>Systemic therapy,&lt;sup&gt;f&lt;/sup&gt; Consider octreotide (including LAR) if octreotide scan positive or symptoms of carcinoid syndrome</td>
<td></td>
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</tbody>
</table>

<sup>d</sup>See Staging on page ST-1.
<sup>e</sup>For stage III, typical: RT recommended if surgery is not feasible. For stage III, atypical: Chemotherapy/RT is recommended if surgery is not feasible.


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