

Cancer du Poumon

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Présentation de l'unité de production pharmaceutique de l'Hôpital Chahids Mahmoudi













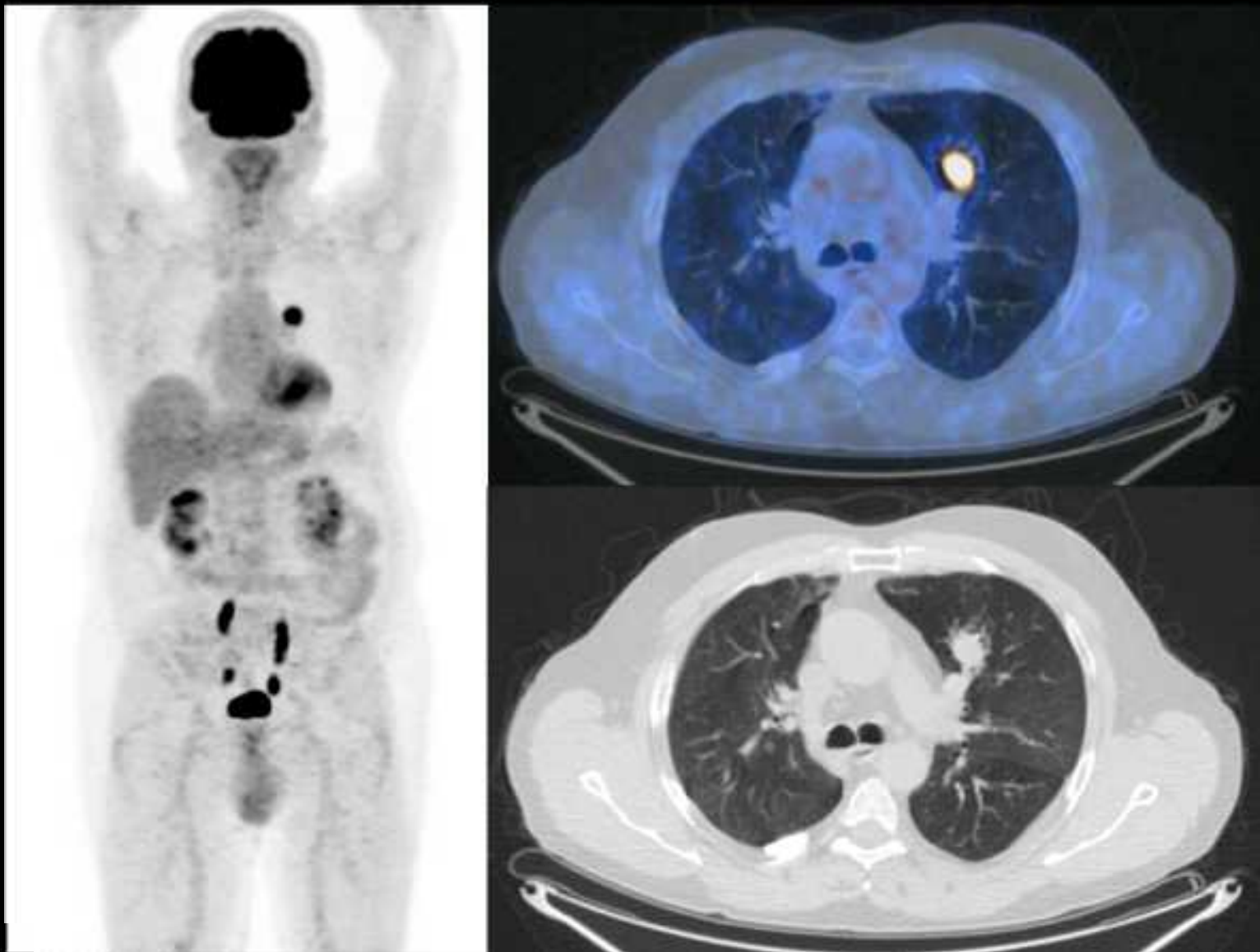


Cas 1

Homme de 59 ans avec un nodule
solitaire dans le poumon gauche.

Malin? T? N? M?

Cas 1



Cas 1

Table 1. Definitions for T, N, M

T	Primary Tumor
TX	Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0	No evidence of primary tumor
Tis	Carcinoma in situ Squamous cell carcinoma in situ (SCIS) Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic pattern, ≤3 cm in greatest dimension
T1	Tumor ≤3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)
T1mi	Minimally invasive adenocarcinoma: adenocarcinoma (≤3 cm in greatest dimension) with a predominantly lepidic pattern and ≤5 mm invasion in greatest dimension
T1a	Tumor <u>≤1 cm</u> in greatest dimension. A superficial, spreading tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus also is classified as T1a, but these tumors are uncommon.
T1b	Tumor <u>>1 cm but ≤2 cm</u> in greatest dimension
T1c	Tumor <u>>2 cm but ≤3 cm</u> in greatest dimension
T2	Tumor >3 cm but ≤5 cm or having any of the following features: (1) Involves the main bronchus, regardless of distance to the carina, but without involvement of the carina; (2) Invades visceral pleura (PL1 or PL2); (3) Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, involving part or all of the lung
T2a	Tumor <u>>3 cm but ≤4 cm</u> in greatest dimension
T2b	Tumor <u>>4 cm but ≤5 cm</u> in greatest dimension
T3	Tumor <u>>5 cm but ≤7 cm</u> in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium, or separate tumor nodule(s) in the same lobe as the primary
T4	Tumor <u>>7 cm</u> or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule(s) in a ipsilateral lobe different from that of the primary

Cas 1

A Lobectomie avec lymphadénectomie

B Chimiothérapie

C Biopsie

D Résection en coin

Biopsie suivie d'une lobectomie avec
lymphadénectomie:

Carcinome épidermoïde

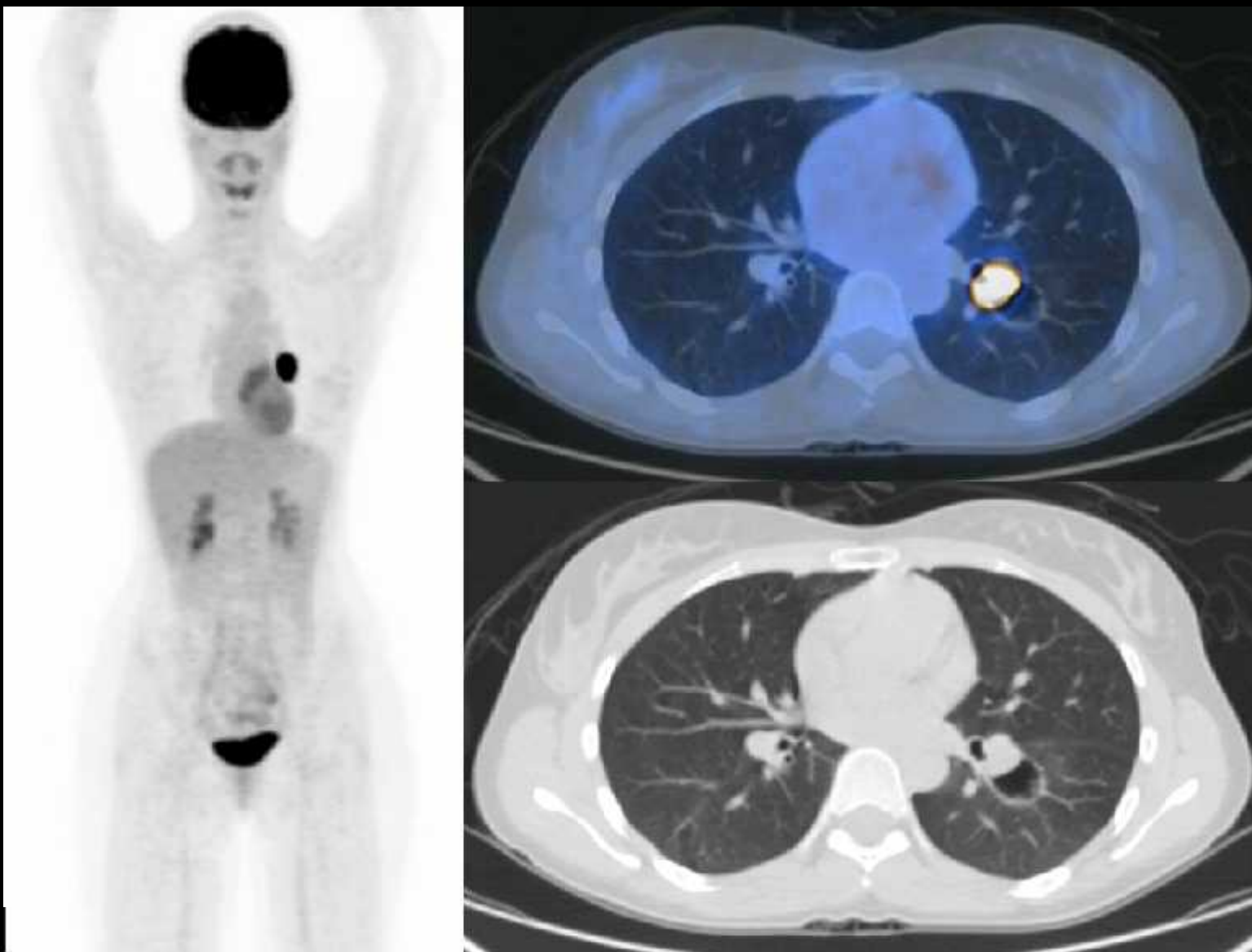
pT1c pN0 cM0

Cas 2

Femme de 27 ans avec nodule pulmonaire
cavitaire dans le poumon gauche.

Malin? T? N? M?

Cas 2



Cas 2

Table 1. Definitions for T, N, M

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Cas 2

A Biopsie

B Lobectomie avec lymphadénectomie

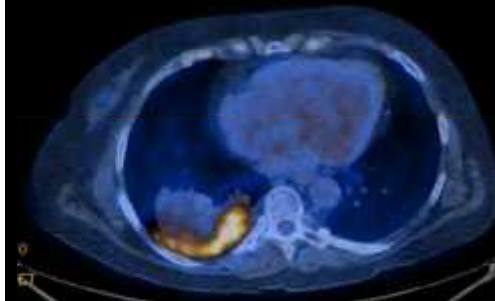
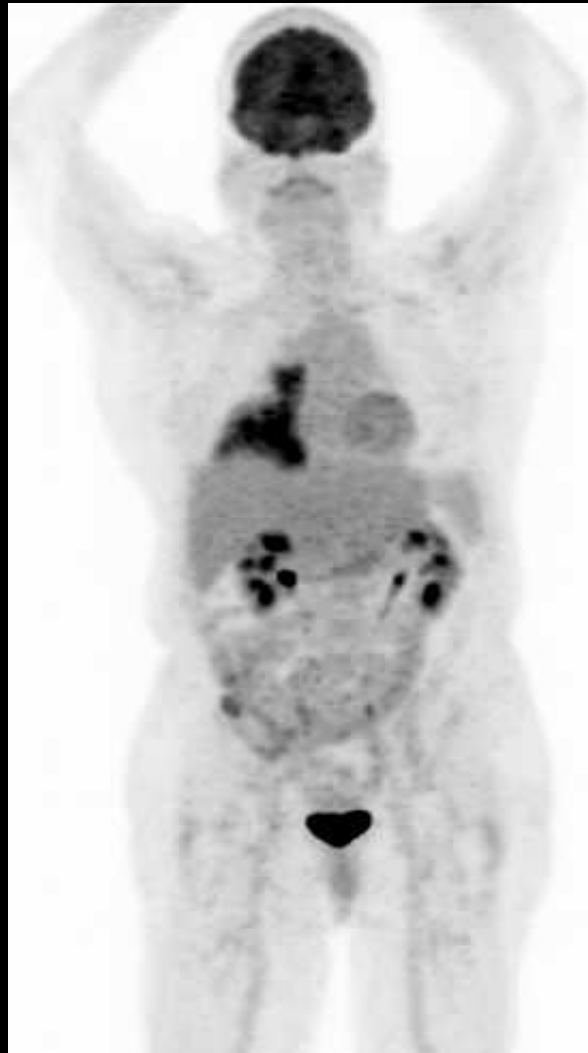
Biopsie : Tuberculose

Cas 3

Femme de 67 ans avec une masse
dans le poumon droit. Fièvre.

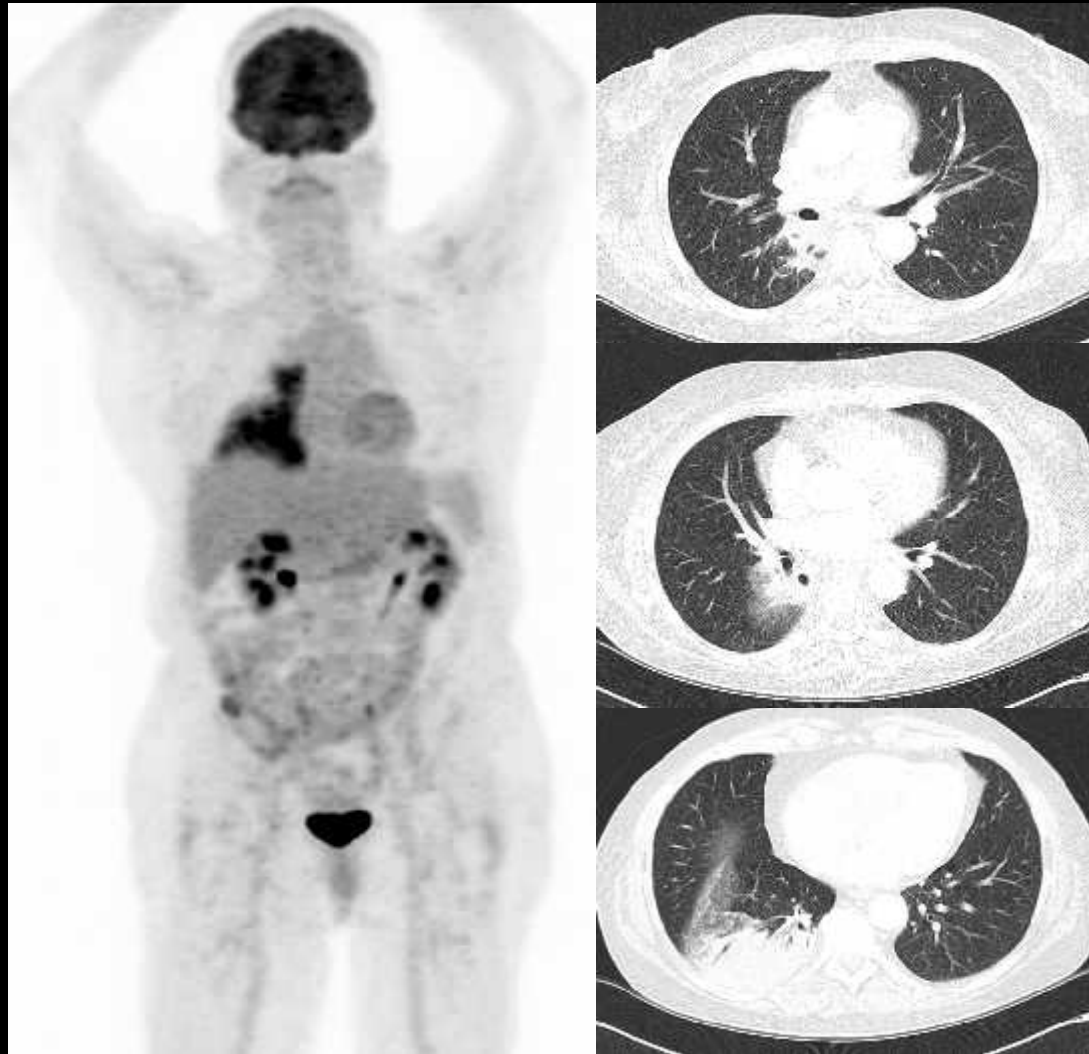
Malin? T? N? M?

Cas 3



Malin?

Cas 3



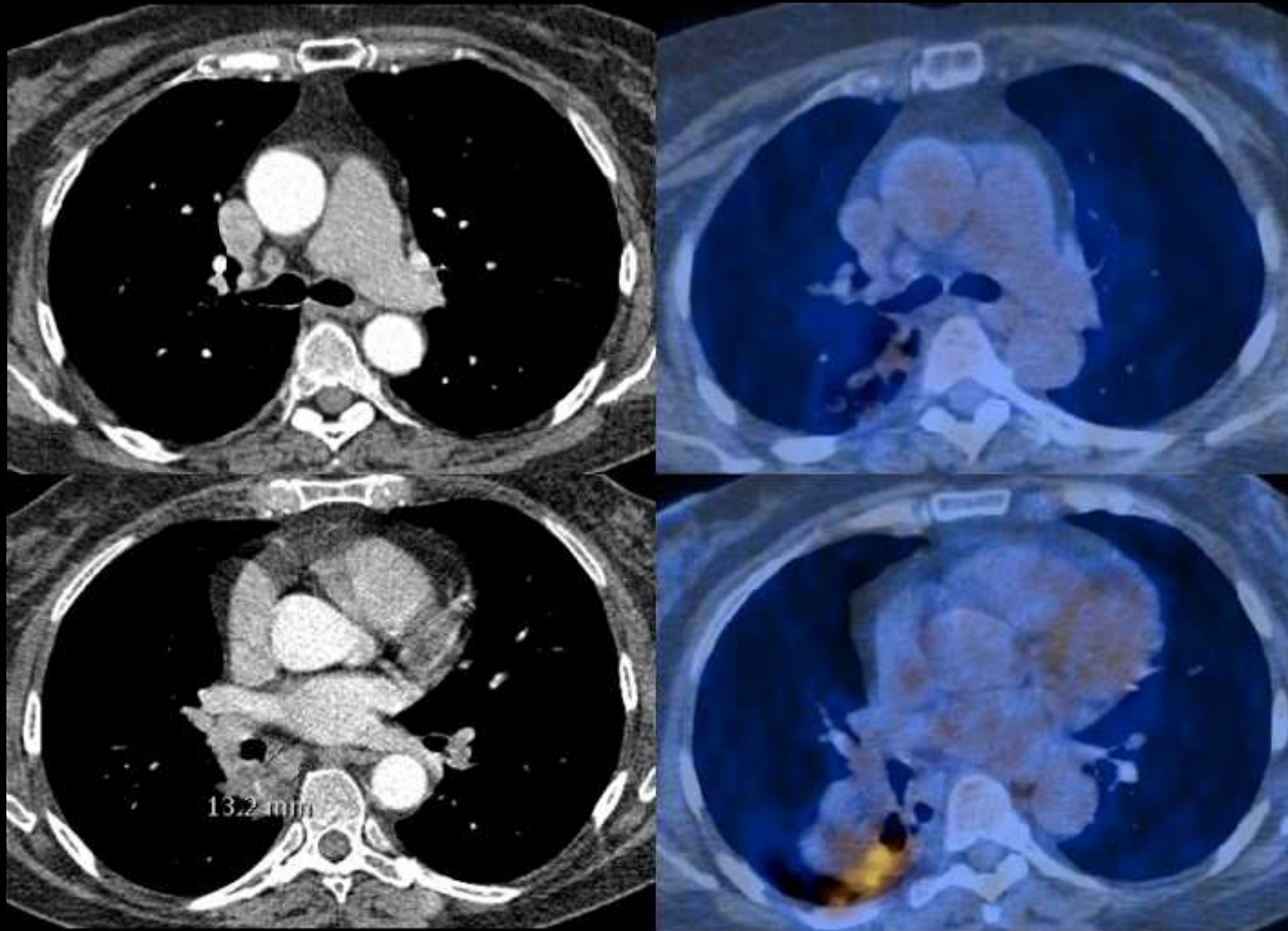
T?

Cas 3

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T2a	Tumor >3 cm but ≤4 cm in greatest dimension
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T3	Tumor >5 cm but ≤7 cm in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium; or <u>separate tumor nodule(s) in the same lobe as the primary</u>
T4	Tumor >7 cm or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; <u>separate tumor nodule(s) in a ipsilateral lobe different from that of the primary</u>

Cas 3



N?

Cas 3



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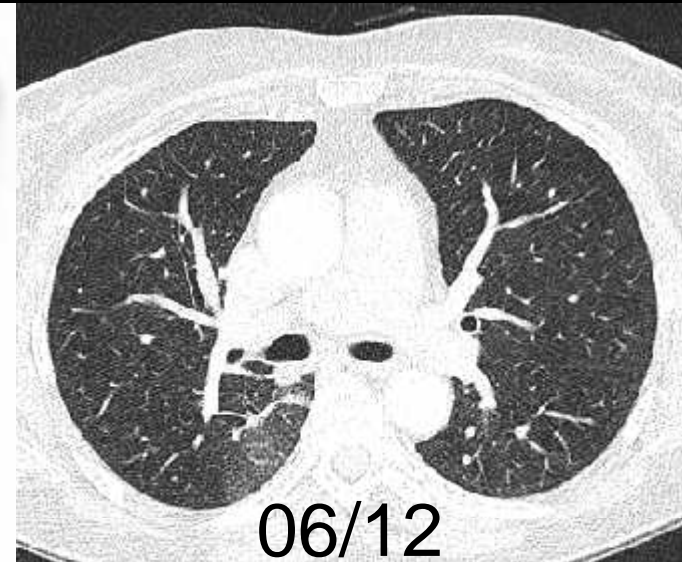
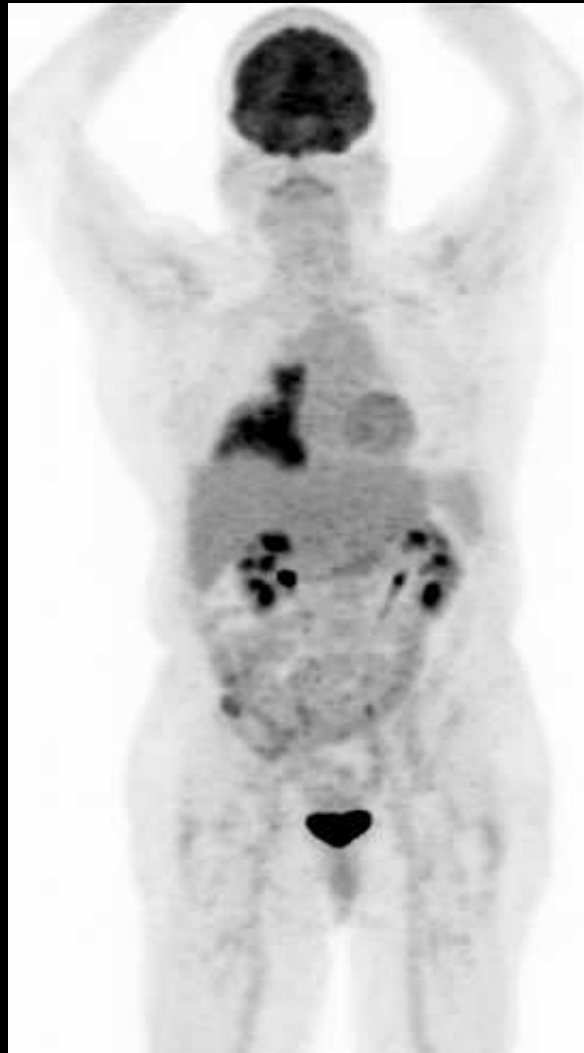
Table 1. Definitions for T, N, M (continued)

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M	Distant Metastasis
MX	Distant metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis
M1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion ^a
M1b	Single extrathoracic metastasis in a single organ (including involvement of a single nonregional node)
M1c	Multiple extrathoracic metastases in a single organ or in multiple organs

Table 2. AJCC Prognostic Groups

	T	N	M		T	N	M
Occult Carcinoma	TX	N0	M0	Stage IIIB	T1a	N3	M0
Stage 0	Tis	N0	M0		T1b	N3	M0
Stage IA1	T1mi	N0	M0		T1c	N3	M0
	T1a	N0	M0		T2a	N3	M0
Stage IA2	T1b	N0	M0		T2b	N3	M0
Stage IA3	T1c	N0	M0		T3	N2	M0
Stage IB	T2a	N0	M0	Stage IIIC	T4	N2	M0
Stage IIA	T2b	N0	M0		T3	N3	M0
Stage IIB	T1a	N1	M0		T4	N3	M0
	T1b	N1	M0	Stage IVA	Any T	Any N	M1a
	T1c	N1	M0		Any I	Any N	M1b
	T2a	N1	M0	Stage IVB	Any T	Any N	M1c
	T2b	N1	M0				
	T3	N0	M0				
Stage IIIA	T1a	N2	M0				
	T1b	N2	M0				
	T1c	N2	M0				
	T2a	N2	M0				
	T2b	N2	M0				
	T3	N1	M0				
	T4	N0	M0				
	T4	N1	M0				

Cas 3



M?

Cas 3



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	T	N	M		T	N	M
Occult Carcinoma	TX	N0	M0	Stage IIIB	T1a	N3	M0
Stage 0	Tis	N0	M0		T1b	N3	M0
Stage IA1	T1mi	N0	M0		T1c	N3	M0
	T1a	N0	M0		T2a	N3	M0
Stage IA2	T1b	N0	M0		T2b	N3	M0
Stage IA3	T1c	N0	M0		T3	N2	M0
Stage IB	T2a	N0	M0	Stage IIIC	T4	N2	M0
Stage IIA	T2b	N0	M0		T3	N3	M0
Stage IIB	T1a	N1	M0		T4	N3	M0
	T1b	N1	M0	Stage IVA	Any T	Any N	M1a
	T1c	N1	M0		Any T	Any N	M1b
	T2a	N1	M0	Stage IVB	Any T	Any N	M1c
	T2b	N1	M0				
	T3	N0	M0				
Stage IIIA	T1a	N2	M0				
	T1b	N2	M0				
	T1c	N2	M0				
	T2a	N2	M0				
	T2b	N2	M0				
	T3	N1	M0				
	T4	N0	M0				
	T4	N1	M0				

Cas 3

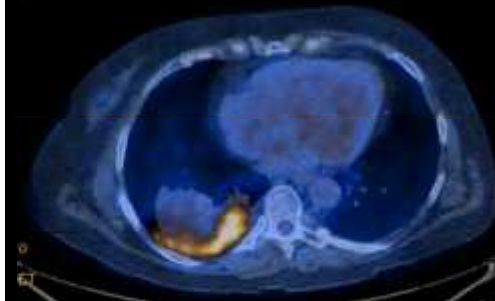
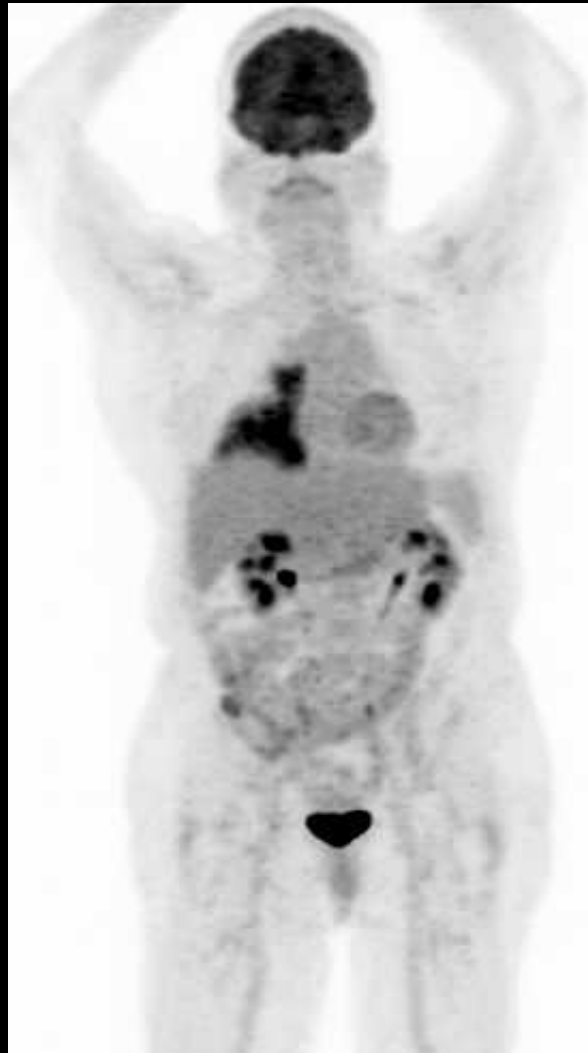
Diagnostic:

Adénocarcinome mucineux non averse de FDG infiltrant les lobes moyen et supérieur

pT4 pN0 cM?

Pneumonie poststenotique
averse de FDG

Cas 3



Thérapie?

- A Pneumonectomie avec lymphadénectomie
- B Chimiothérapie
- C Radio / chimiothérapie
- D Résection en coin dans le lobe inférieur gauche

Thérapie :

Chimiothérapie palliative à la gemcitabine et au carboplatine

L'approche thérapeutique curative prévue (pneumonectomie droite) n'était pas réalisable en raison d'une altération de la fonction pulmonaire

Existe-t-il un avantage potentiel de la TEP/IRM sur la TEP/TDM dans la classification T?

Comparaison PET/MR et PET/CT

Table 1. Definitions for T, N, M

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T2a	Tumor >3 cm but ≤4 cm in greatest dimension
T2b	Tumor >4 cm but ≤5 cm in greatest dimension
T3	Tumor >5 cm but ≤7 cm in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium, or separate tumor nodule(s) in the same lobe as the primary
T4	Tumor >7 cm or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule(s) in a ipsilateral lobe different from that of the primary

Comparaison PET/MR et PET/CT

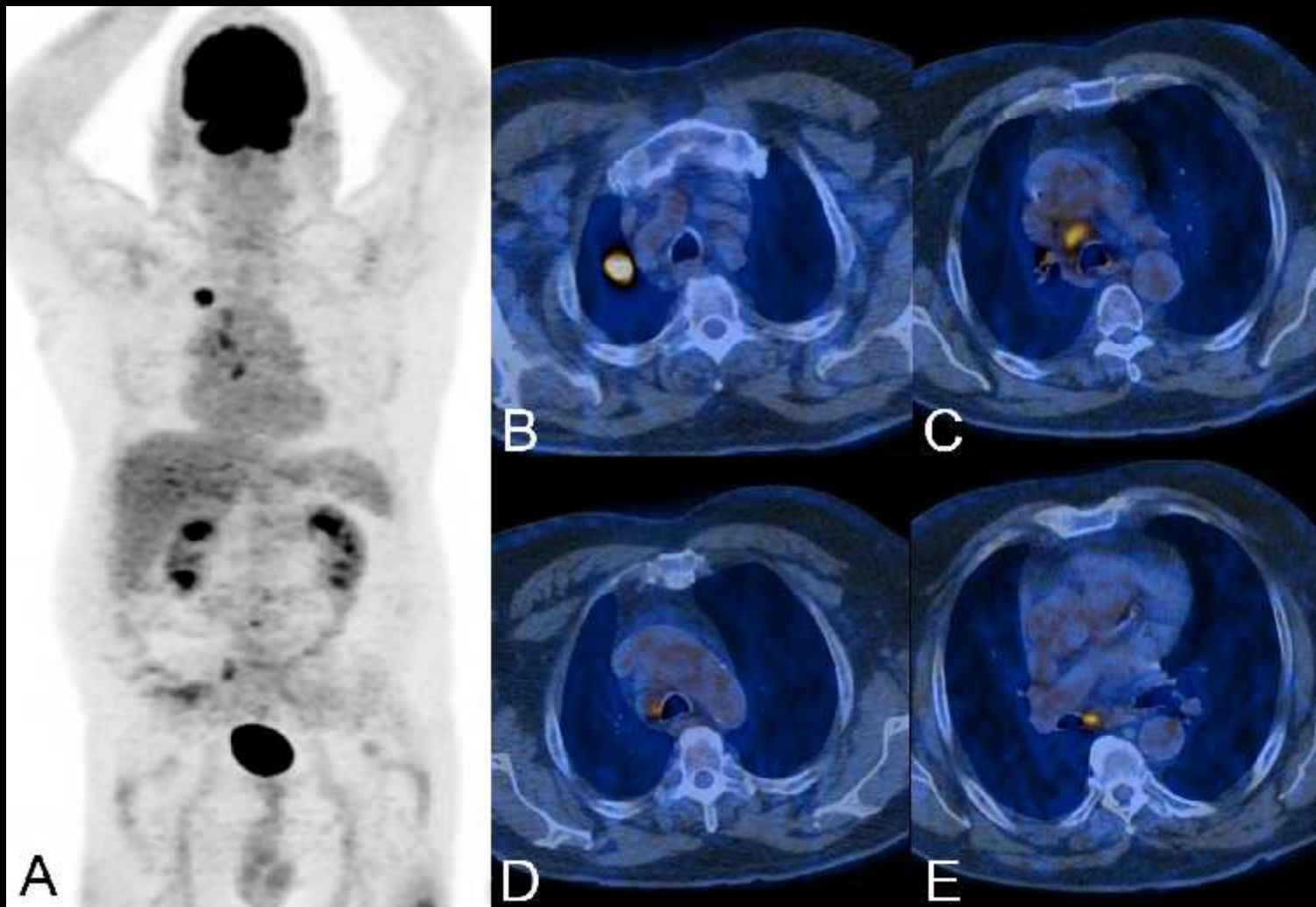
Stage	All subjects (<i>n</i> = 42)	
	PET/MR	PET/CT
T		
Correct (score of 2)	29 (69%)	34 (81%)
Equivocal (score of 1)	8 (19%)	4 (10%)
Incorrect (score of 0)	5 (12%)	4 (10%)
N		
Correct (score of 2)	33 (79%)	37 (88%)
Equivocal (score of 1)	1 (2%)	1 (2%)
Incorrect (score of 0)	8 (19%)	4 (10%)
M		
Correct (score of 2)	34 (81%)	35 (83%)
Equivocal (score of 1)	3 (7%)	5 (12%)
Incorrect (score of 0)	5 (12%)	2 (5%)

Cas 4

Homme de 76 ans suspicion de cancer
du poumon dans le lobe supérieur droit.

N?

Cas 4



N?

Cas 4



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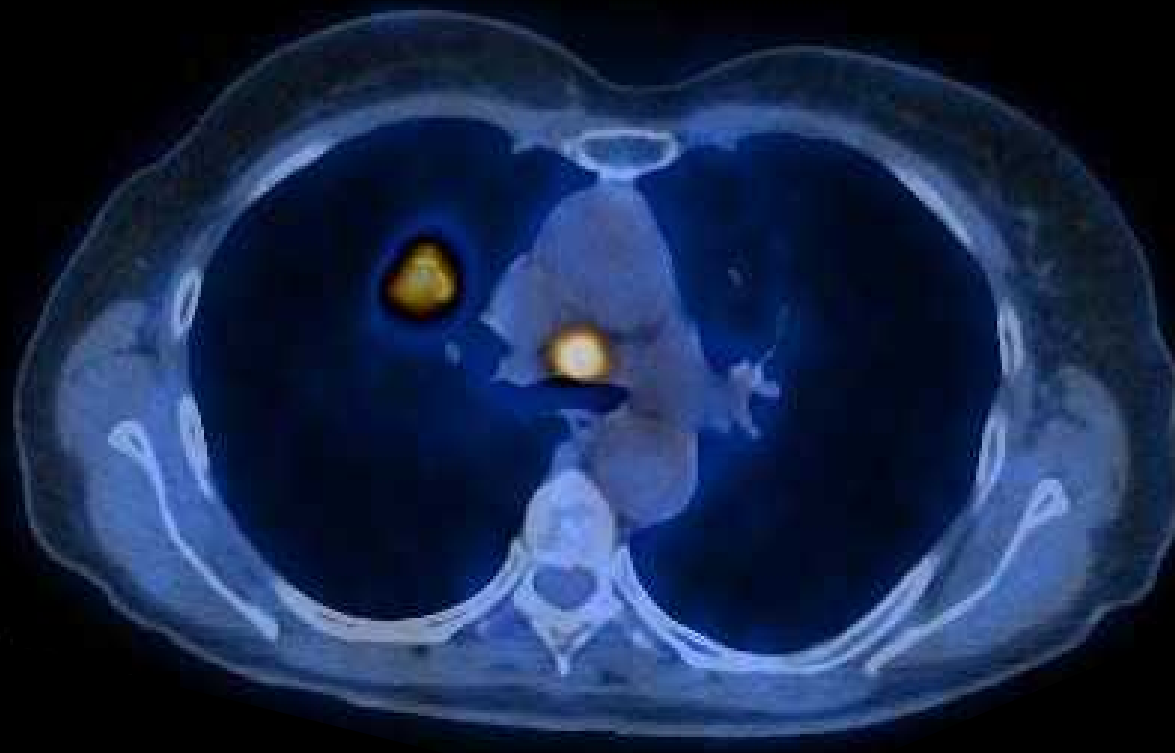
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M1c	Multiple extrathoracic metastases in a single organ or in multiple organs

Table 2. AJCC Prognostic Groups

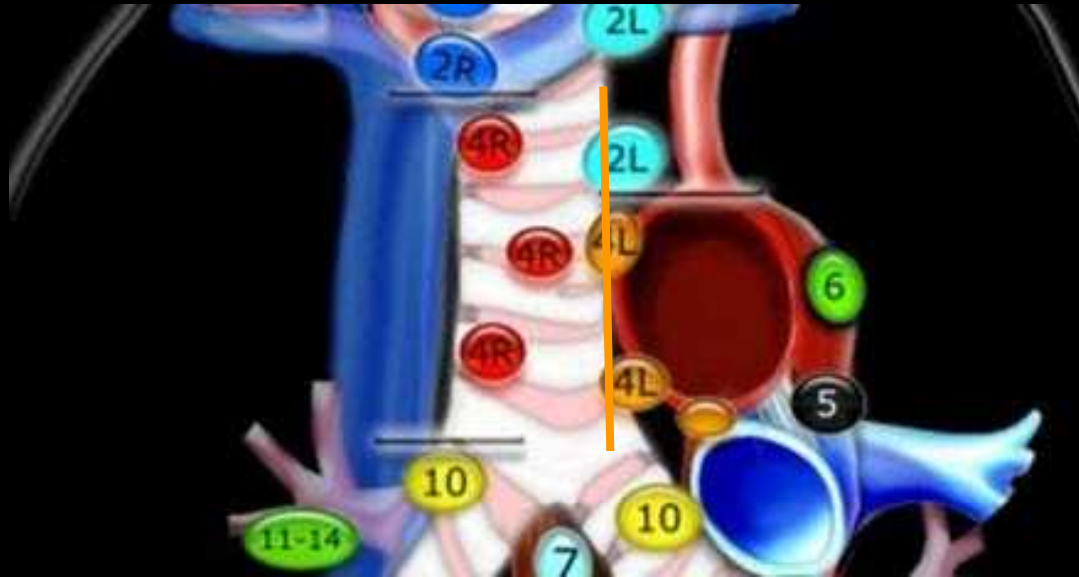
	T	N	M		T	N	M
Occult Carcinoma	TX	N0	M0	Stage IIIB	T1a	N3	M0
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	T1a	N0	M0		T2a	N3	M0
Stage IA2	T1b	N0	M0		T2b	N3	M0
Stage IA3	T1c	N0	M0		T3	N2	M0
Stage IB	T2a	N0	M0	Stage IIIC	T4	N2	M0
Stage IIA	T2b	N0	M0		T3	N3	M0
Stage IIB	T1a	N1	M0		T4	N3	M0
	T1b	N1	M0	Stage IVA	Any T	Any N	M1a
	T1c	N1	M0		Any T	Any N	M1b
	T2a	N1	M0	Stage IVB	Any T	Any N	M1c
	T2b	N1	M0				
	T3	N0	M0				
Stage IIIA	T1a	N2	M0				
	T1b	N2	M0				
	T1c	N2	M0				
	T2a	N2	M0				
	T2b	N2	M0				
	T3	N1	M0				
	T4	N0	M0				
	T4	N1	M0				

NSCLC: N-Staging



N2? N3?

NSCLC: N-Staging



4R. Lower Paratracheal

From the intersection of the caudal margin of innominate (left brachiocephalic) vein with the trachea to the lower border of the azygos vein.

4R nodes extend from the right to the left lateral border of the trachea.

4L. Lower Paratracheal

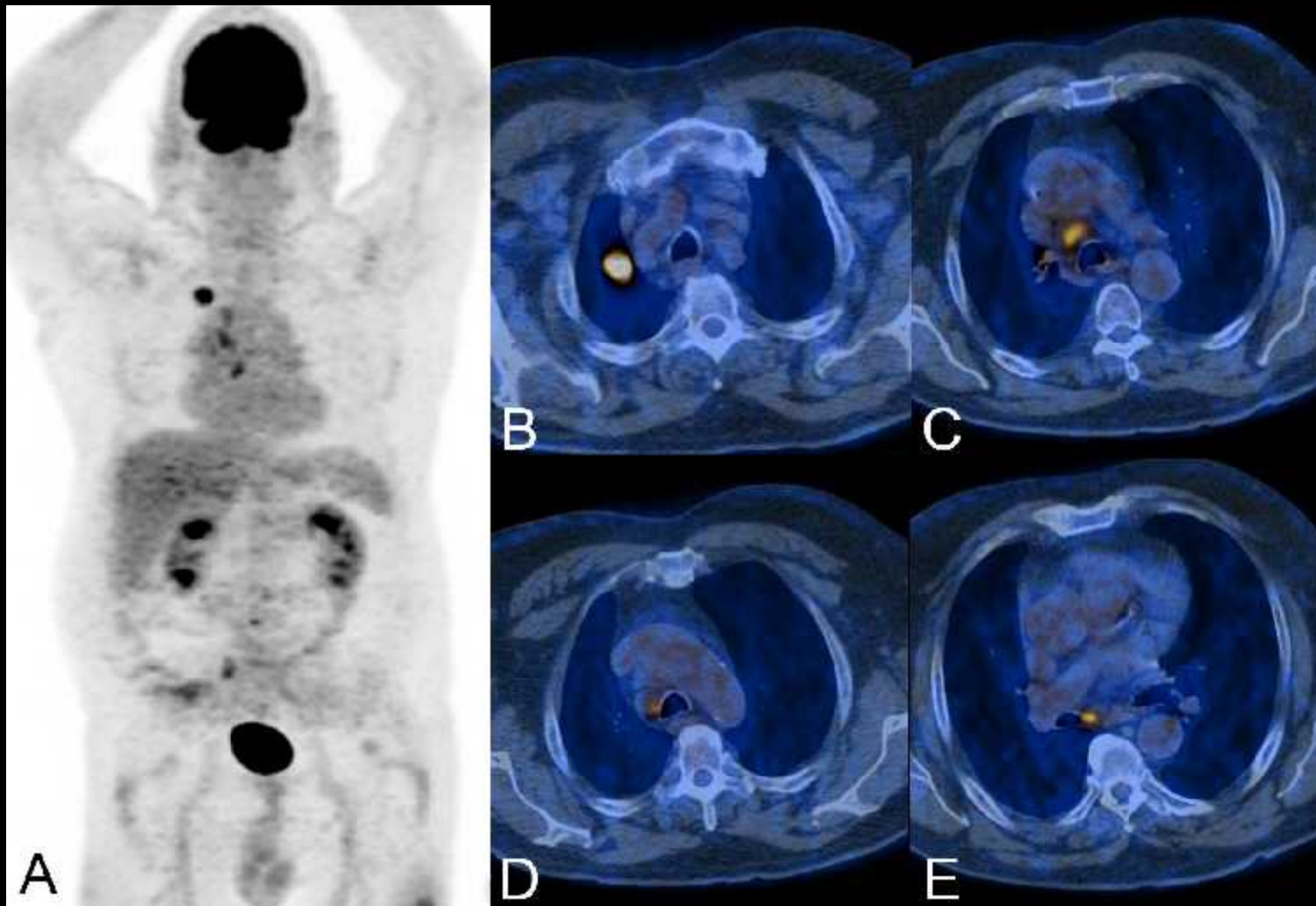
From the upper margin of the aortic arch to the upper rim of the left main pulmonary artery.

NSCLC: N-Staging



N2? N3?

Cas 4



N2

Thérapie: chimiothérapie néoadjuvante,
lobectomie et lymphadénectomie:

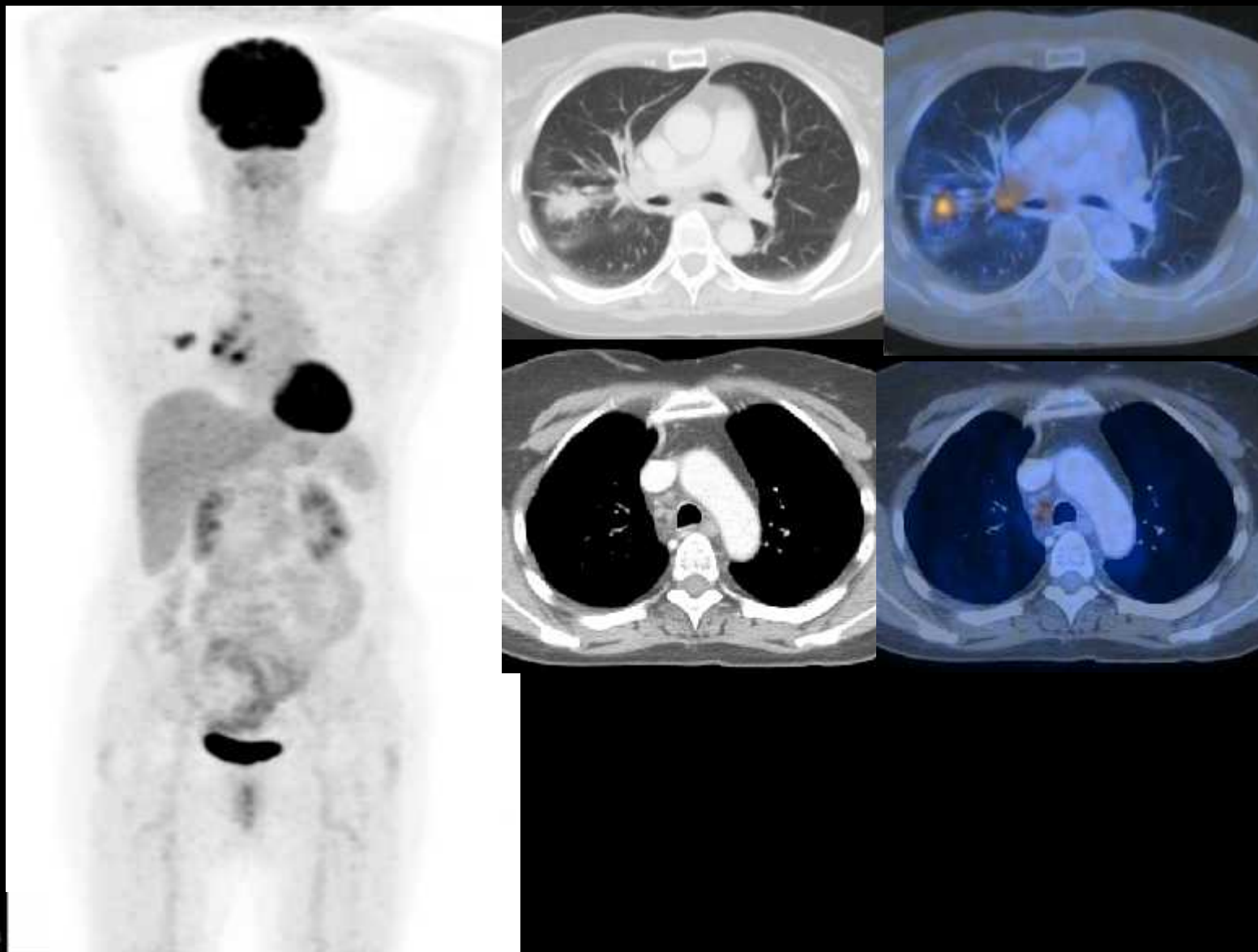
Carcinome épidermoïde
pT1c pN2 cM0

Cas 5

Femme de 61 ans avec un carcinome
présumé au poumon droit.

N?

Cas 5



Cas 5

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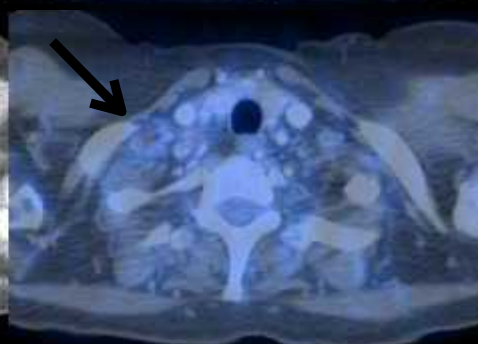
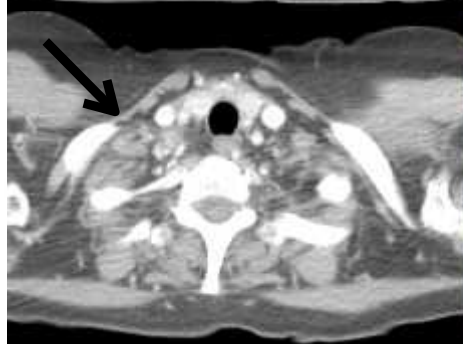
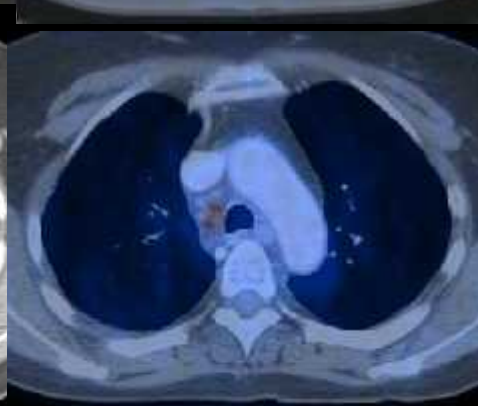
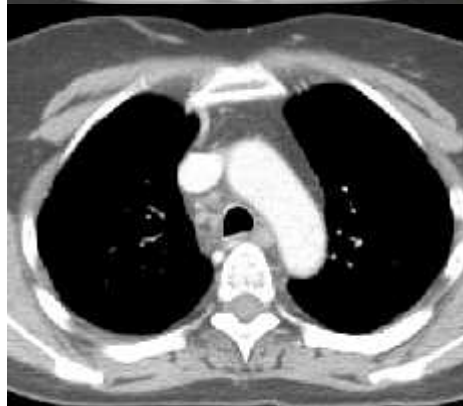
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Stage IB	T2a	N0	M0	Stage IIIC	T4	N3	M0
Stage IIA	T2b	N0	M0		T3	N3	M0
Stage IIB	T1a	N1	M0		T4	N3	M0
	T1b	N1	M0	Stage IVA	Any T	Any N	M1a
	T1c	N1	M0		Any T	Any N	M1b
	T2a	N1	M0	Stage IVB	Any T	Any N	M1c
	T2b	N1	M0				
	T3	N0	M0				
Stage IIIA	T1a	N2	M0				
	T1b	N2	M0				
	T1c	N2	M0				
	T2a	N2	M0				
	T2b	N2	M0				
	T3	N1	M0				
	T4	N0	M0				
	T4	N1	M0				

Cas 5



Métastase ganglionnaire rétroclaviculaire
droites (prouvées par une ponction):

Adénocarcinome

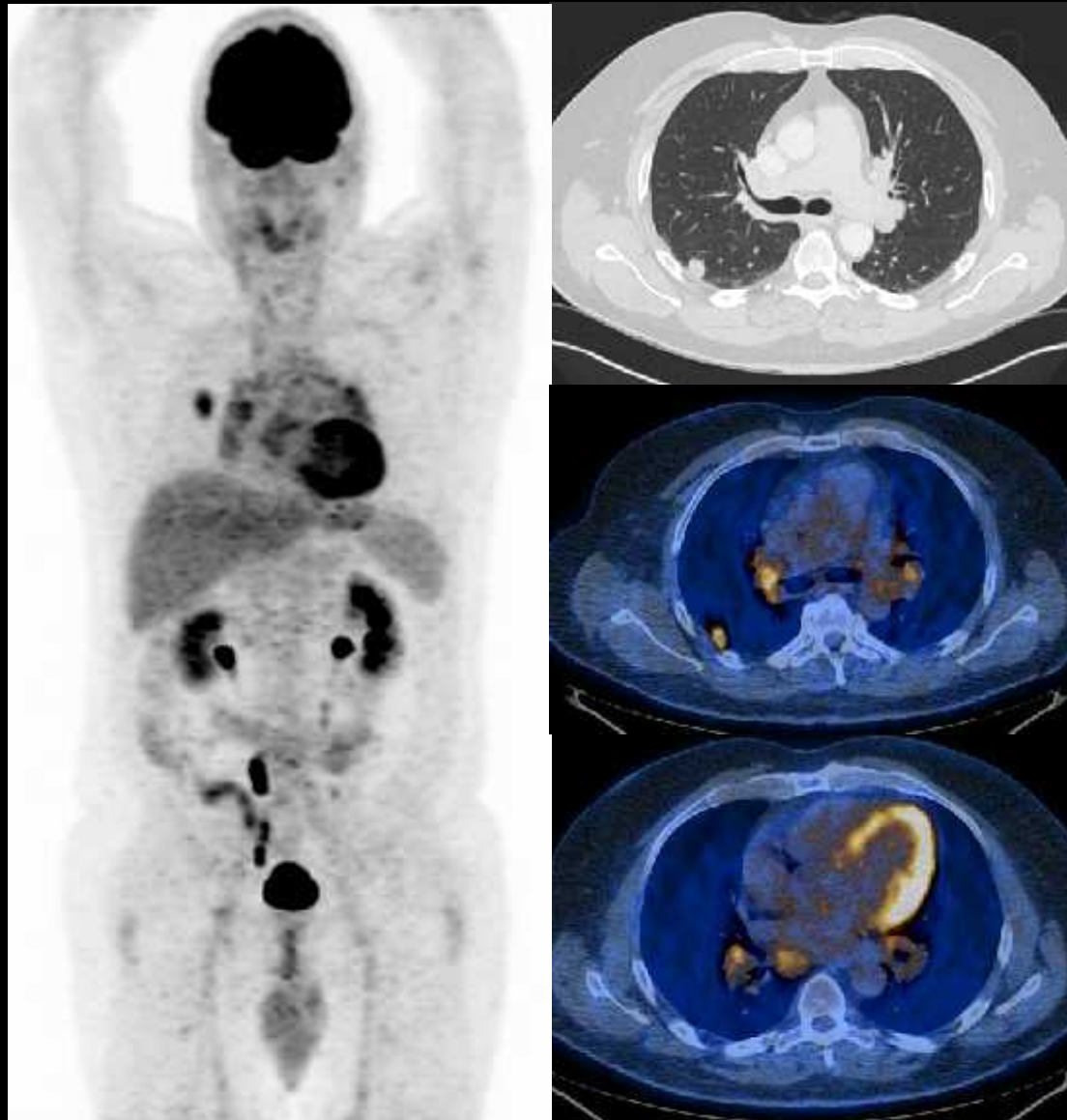
cT2a pN3 cM0

Cas 6

Homme de 60 ans atteint d'un
adénocarcinome du poumon inférieur
droit.

N?

Cas 6

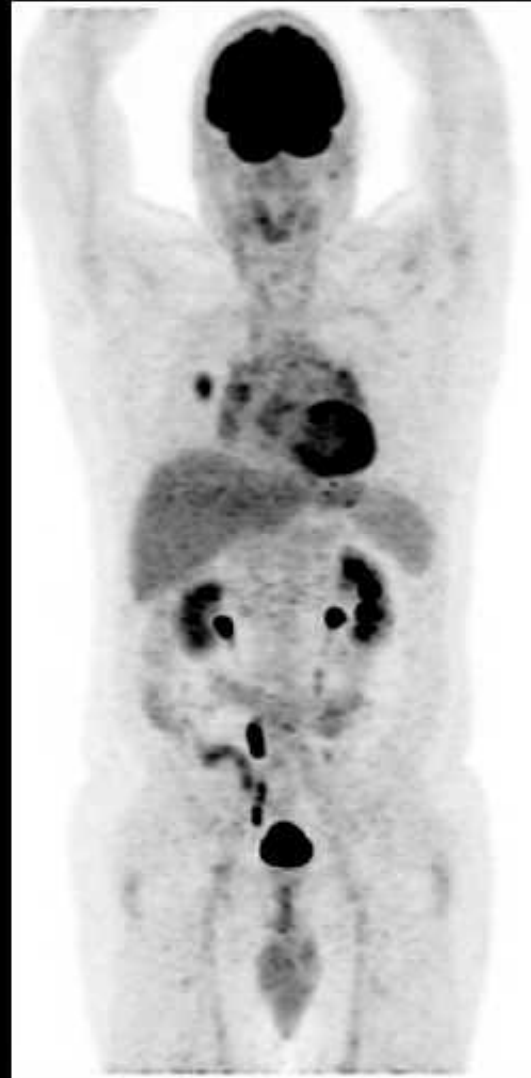


Cas 6

A N0

B N2

C N3



Diagnostic:

Sarcoïdose synchrone chez un patient atteint d'un adénocarcinome; pT2a pN0 cM0

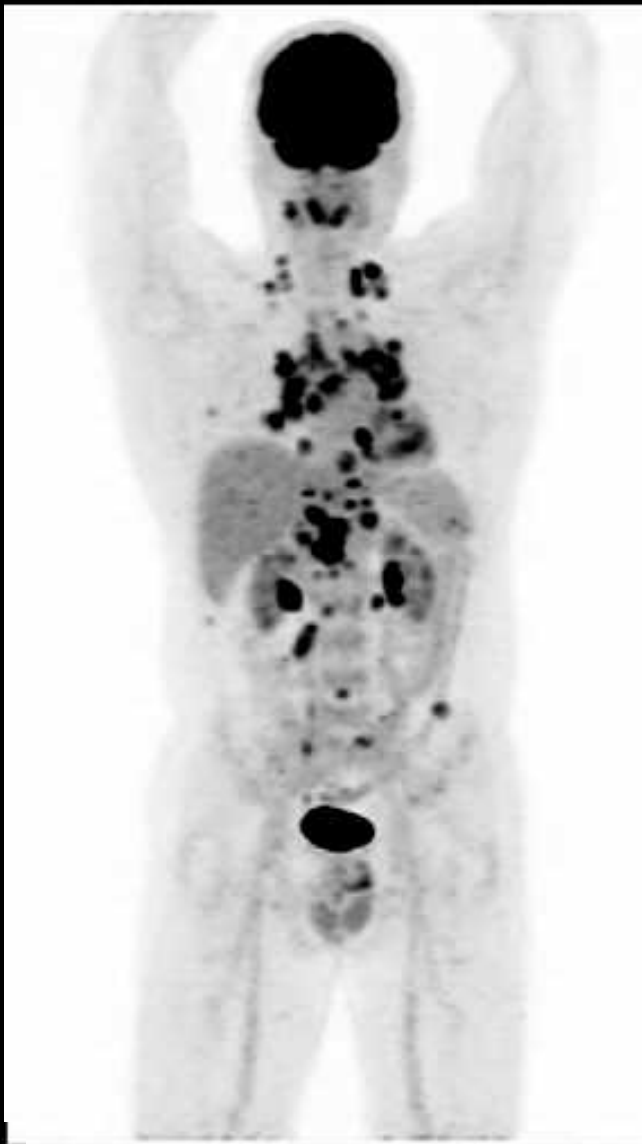
(seul indice: distribution biliaire symétrique des ganglions lymphatiques avides de FDG)

Cas 7

Homme de 51 ans suspicion d'un cancer du poumon en imagerie conventionnelle. Aucun symptôme.

M?

Cas 7



Diagnostic:

Sarcoïdose

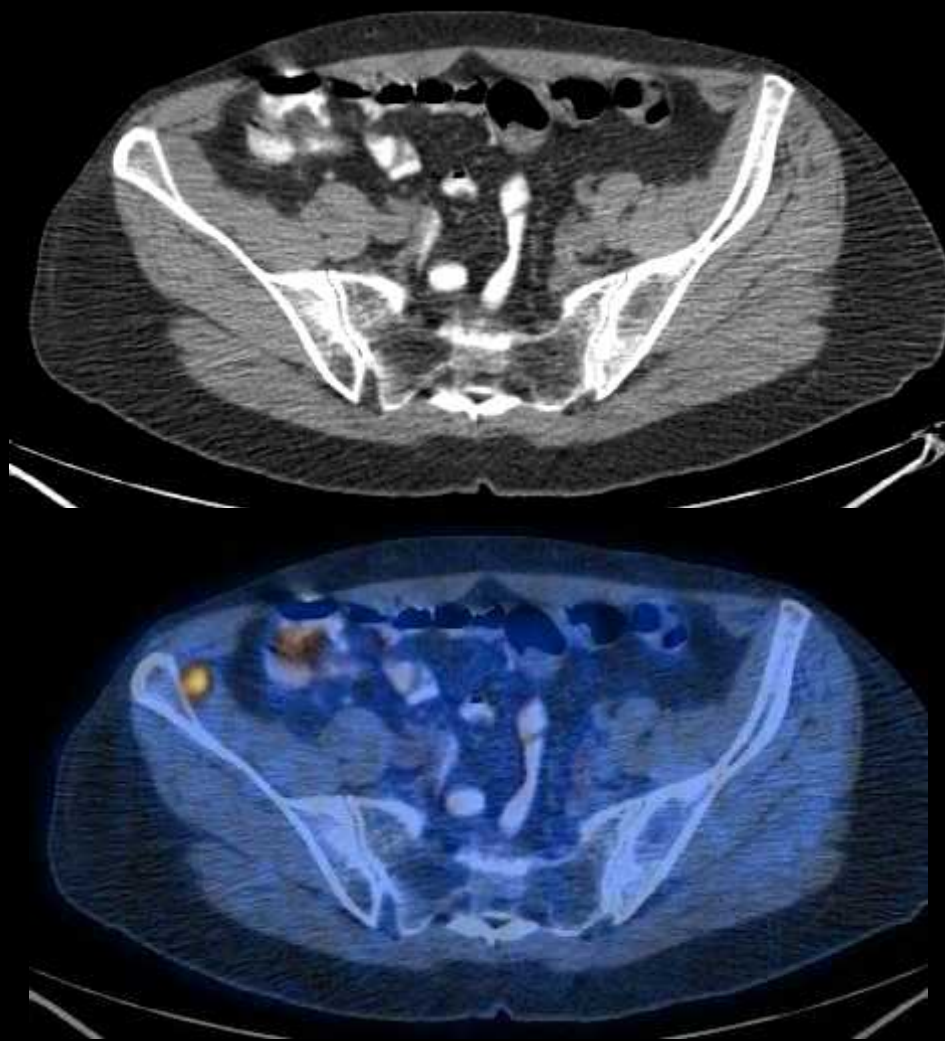
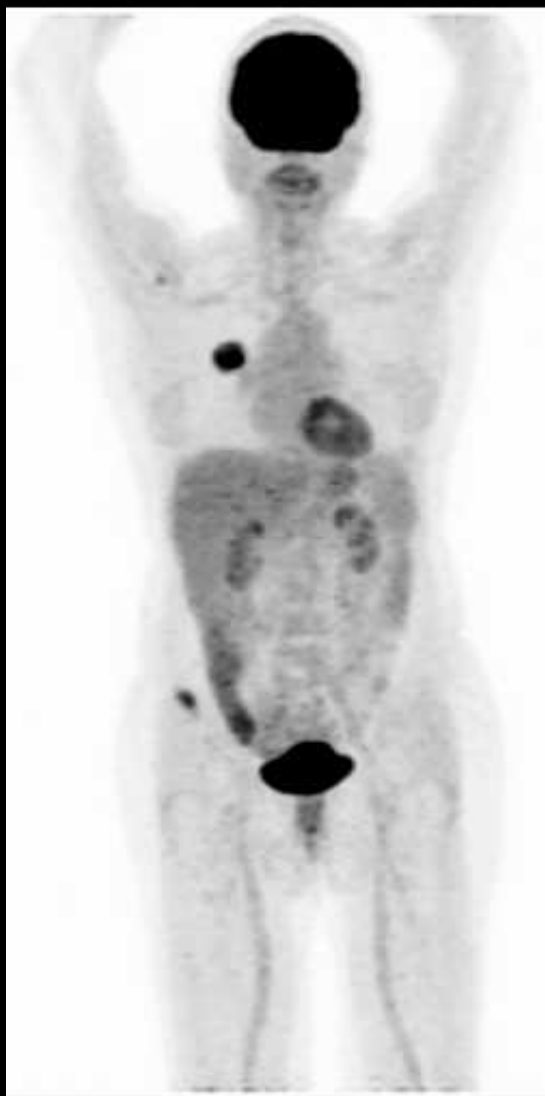
(seul indice: aucune tumeur pulmonaire ne peut être détectée chez ce patient asymptomatique)

Cas 8

Femme de 62 ans atteinte d'un
adénocarcinome du poumon droit
(prouvée par l'histologie).

M?

Cas 8



Cas 8

A Activité musculaire physiologique

B Ultrason

C Biopsie

D Métastase

Diagnostic:

M1b

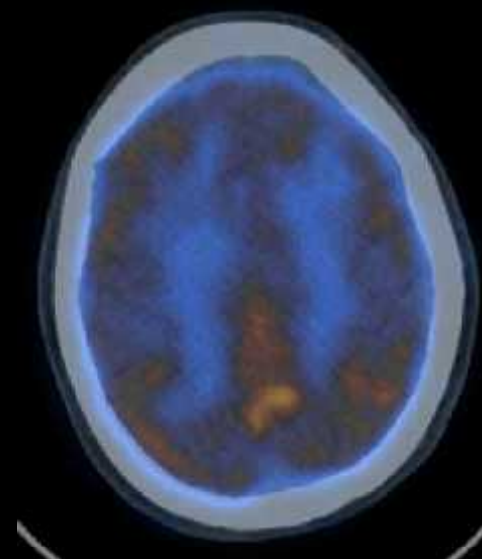
métastase prouvée par biopsie dans le
muscle psoas iliaque

Cas 9

Femme de 71 ans atteinte d'un adénocarcinome du poumon droit avec atteinte des ganglions médiastinaux et métastases surrénaliennes gauches.

Métastases plus éloignées?

Cas 9



Cas 9

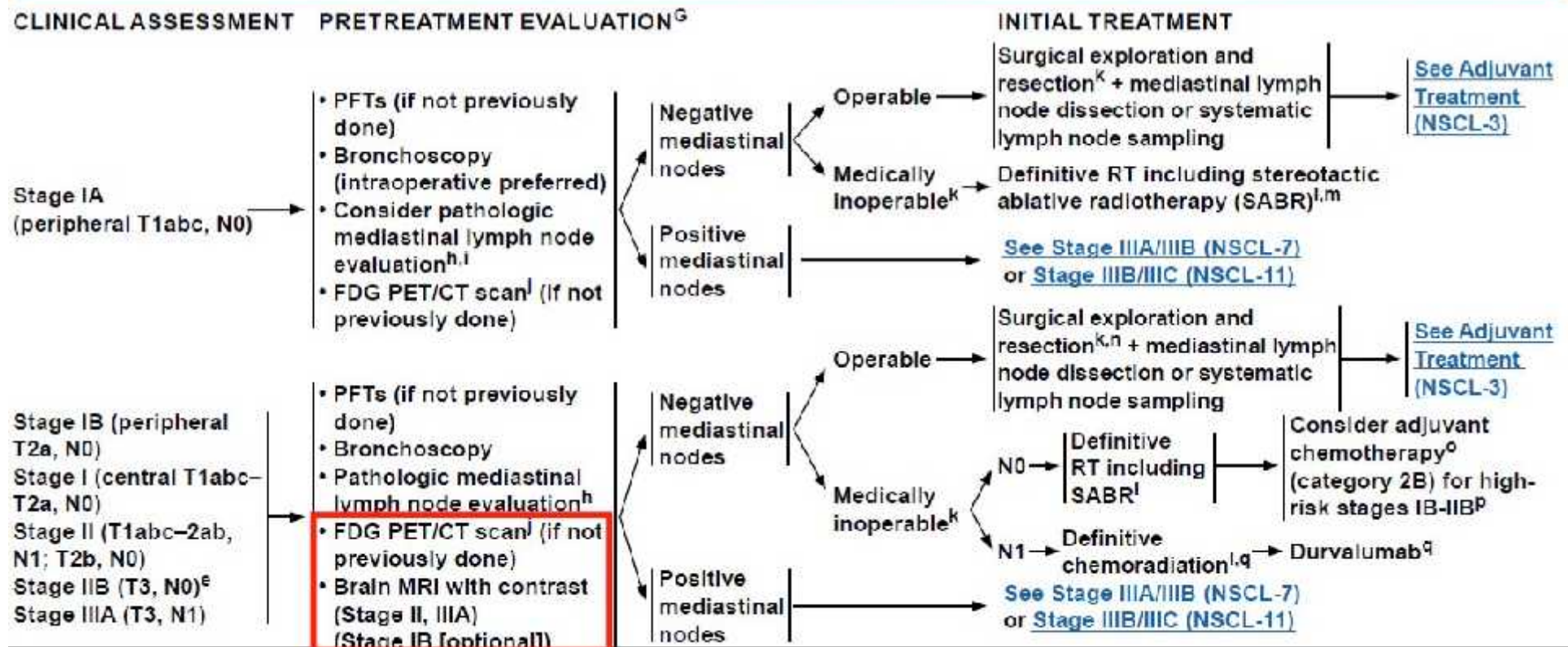
A Normal

B Metastases cérébrale

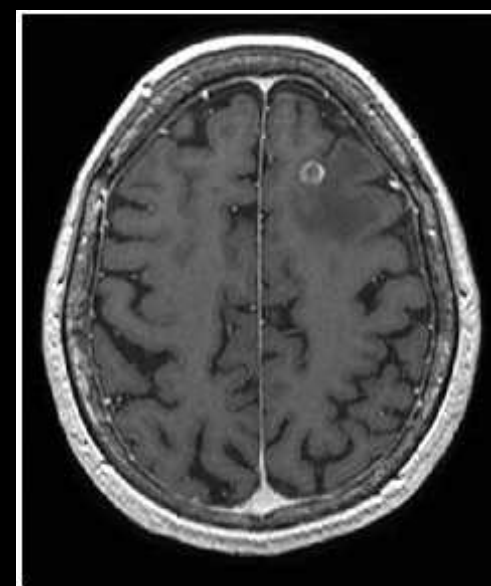
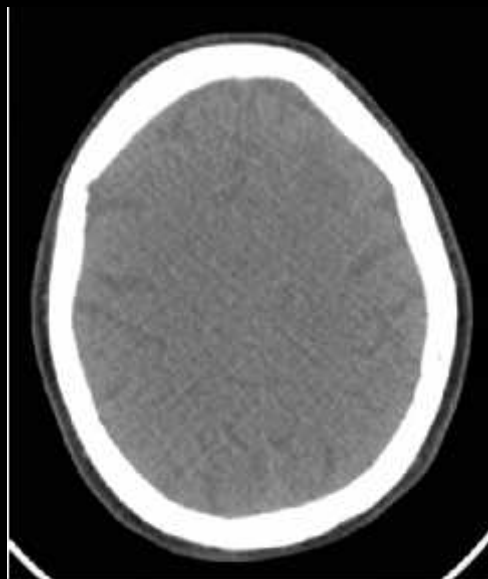
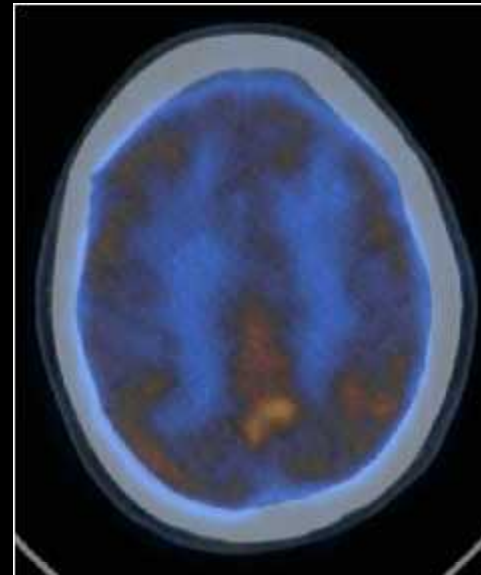
C MR

Cas 9

CLINICAL ASSESSMENT PRETREATMENT EVALUATION^G



Cas 9



Existe-t-il un avantage potentiel du PET/MR
sur le PET/CT?
dans N- ou M-staging?

Comparaison PET/MR et PET/CT

Stage	All subjects (<i>n</i> = 42)	
	PET/MR	PET/CT
T		
Correct (score of 2)	29 (69%)	34 (81%)
Equivocal (score of 1)	8 (19%)	4 (10%)
Incorrect (score of 0)	5 (12%)	4 (10%)
N		
Correct (score of 2)	33 (79%)	37 (88%)
Equivocal (score of 1)	1 (2%)	1 (2%)
Incorrect (score of 0)	8 (19%)	4 (10%)
M		
Correct (score of 2)	34 (81%)	35 (83%)
Equivocal (score of 1)	3 (7%)	5 (12%)
Incorrect (score of 0)	5 (12%)	2 (5%)

Implications pour les soins aux patients:

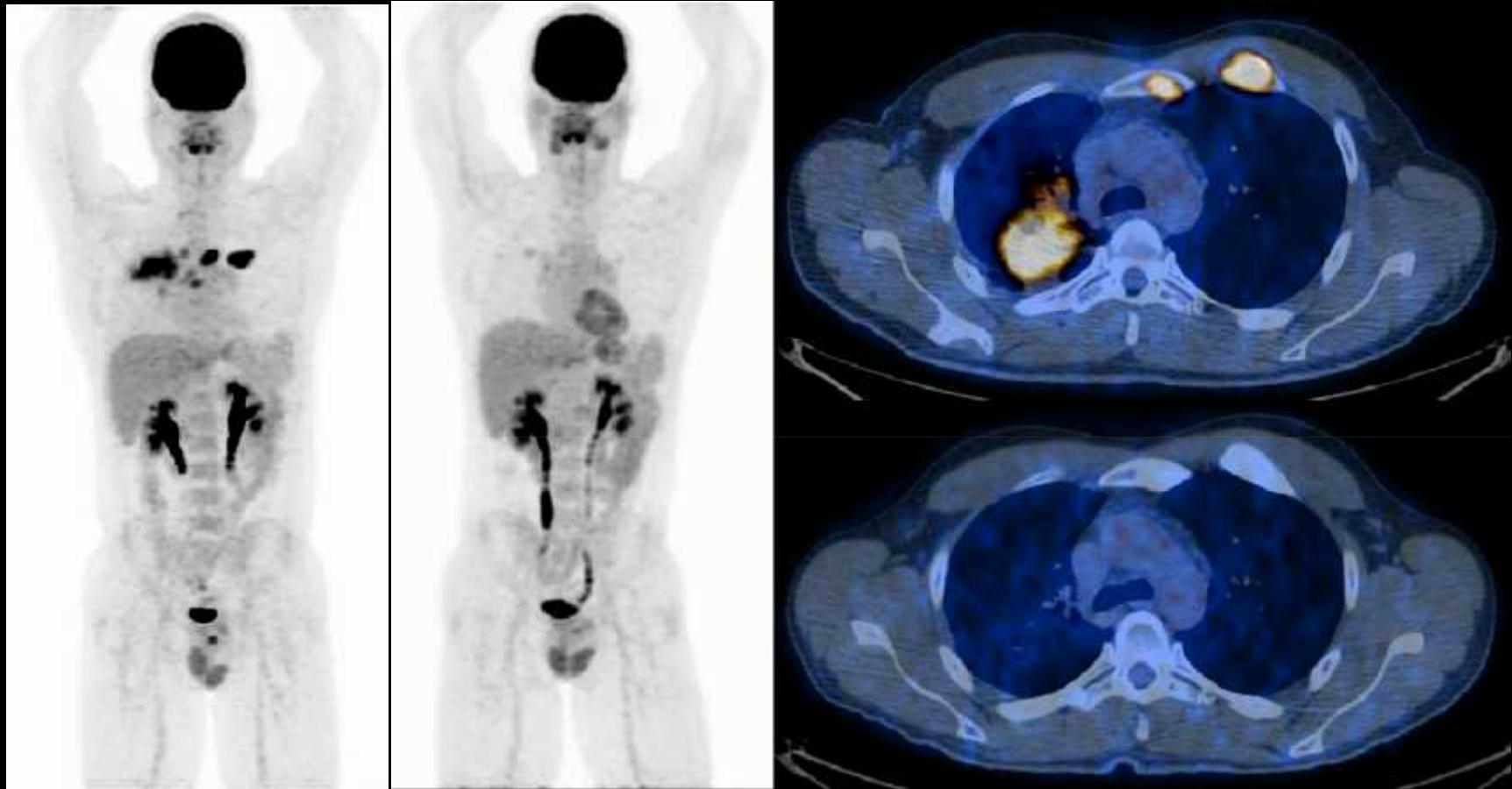
La TEP/TDM reste probablement la méthode d'imagerie hybride préférée pour la détermination du stade chez les patients atteints d'un cancer du poumon, à moins que davantage de séquences d'impulsions MR spécifiques à un organe ne soient utilisées.

Cas 10

Homme de 37 ans avec un
adénocarcinome du poumon gauche.

Réponse?

Cas 10



Avant et après traitement avec Erlotinib
(inhibiteur sélectif du domaine de la
tyrosine kinase des récepteurs de l'EGF)

Cas 10

SURVEILLANCE AFTER COMPLETION OF DEFINITIVE THERAPY

No evidence of clinical/radiographic disease

- Stage I-II (primary treatment included surgery ± chemotherapy)
 - H&P and chest CT ± contrast every 6 mo for 2–3 y, then H&P and a low-dose non-contrast-enhanced chest CT annually
- Stage I-II (primary treatment included RT) or Stage III or Stage IV (oligometastatic with all sites treated with definitive intent)
 - H&P and chest CT^{ee} ± contrast every 3–6 mo for 3 y, then H&P and chest CT ± contrast every 6 mo for 2 y, then H&P and a low-dose non-contrast-enhanced chest CT annually
 - ◊ Residual or new radiographic abnormalities may require more frequent imaging
- Smoking cessation advice, counseling, and pharmacotherapy
- PET/CT^{ff} or brain MRI is not routinely indicated
- [See Cancer Survivorship Care \(NSCL-7\)](#)

Locoregional
recurrence

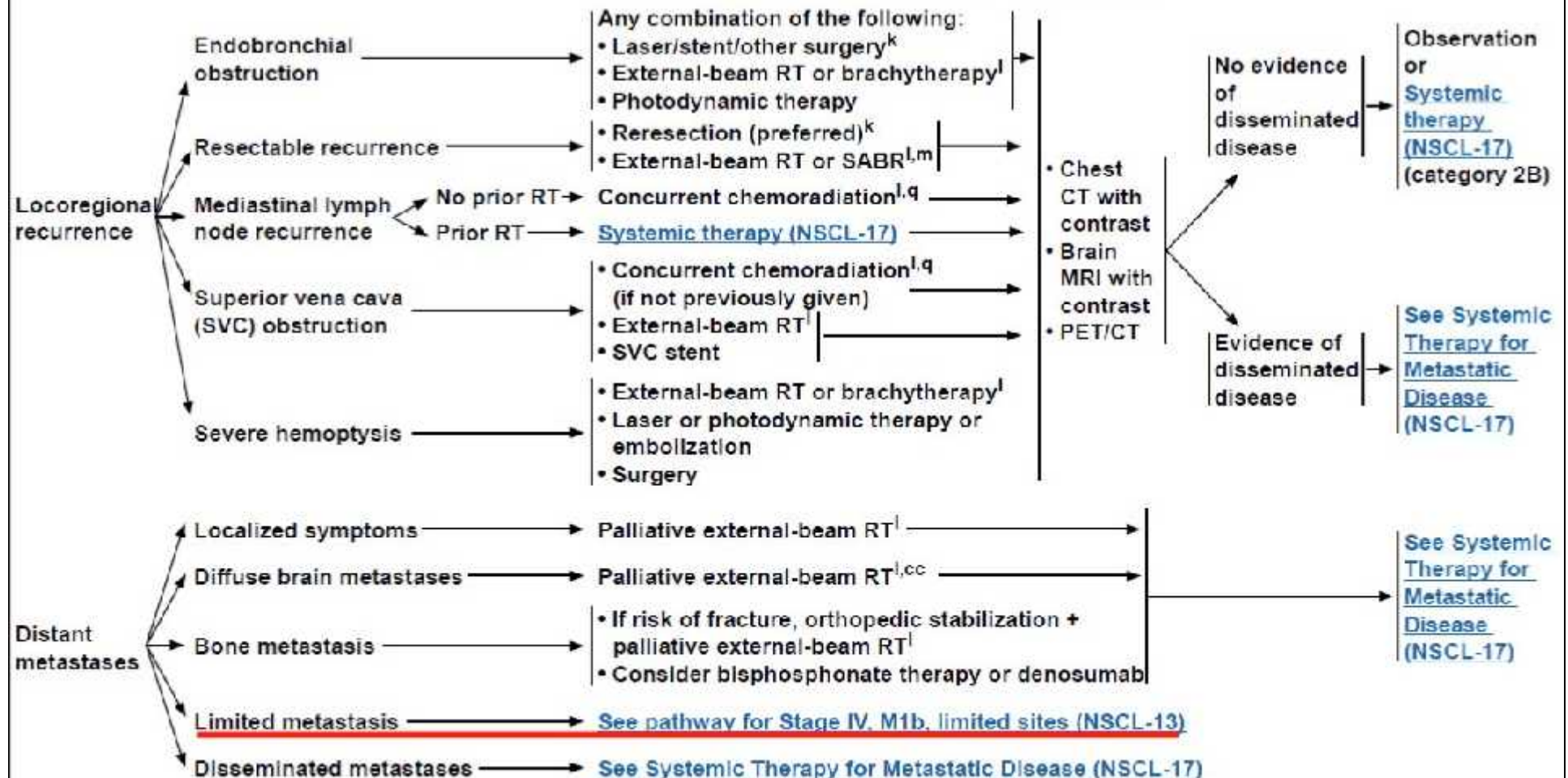
[See Therapy for Recurrence
and Metastasis \(NSCL-16\)](#)

Distant
metastases

[See Therapy for Recurrence
and Metastasis \(NSCL-16\)](#)

Cas 10

THERAPY FOR RECURRENCE AND METASTASIS

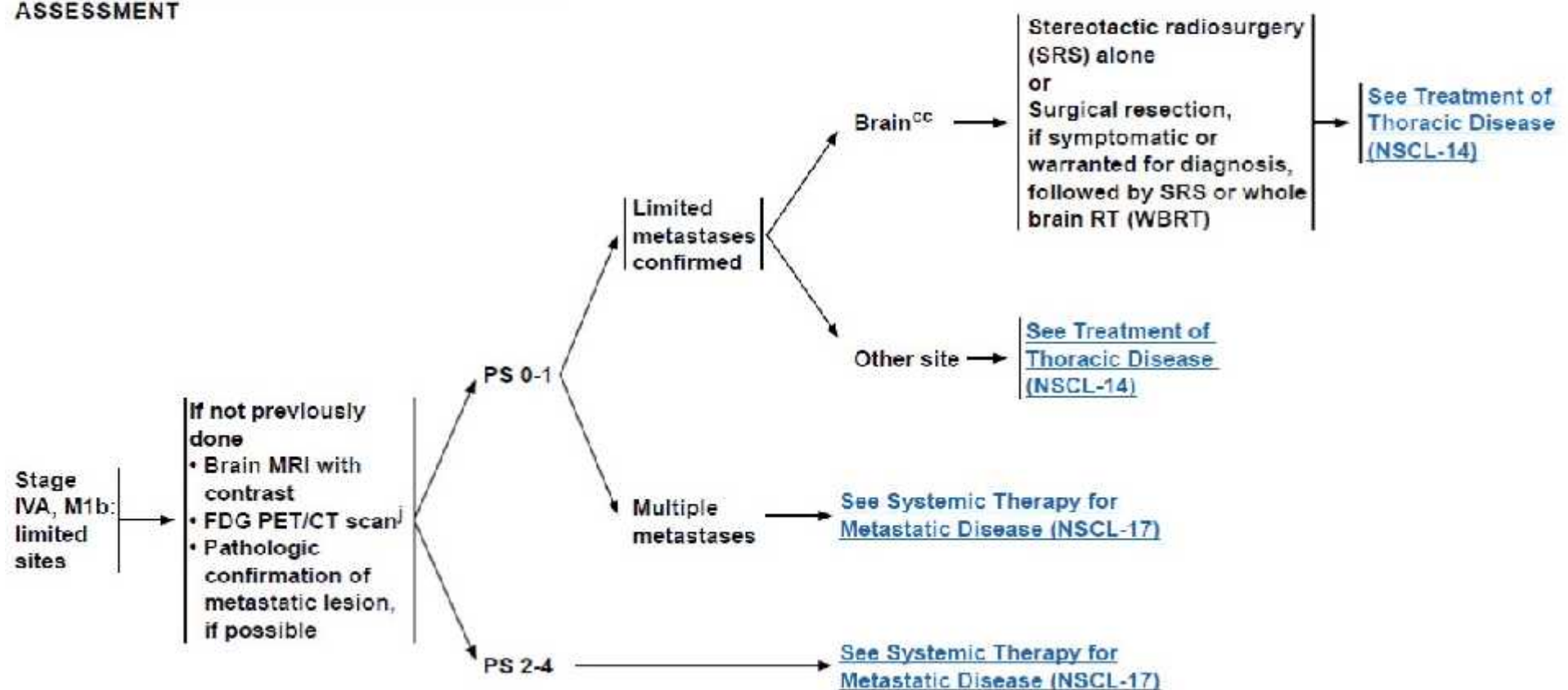


Cas 10

**CLINICAL
ASSESSMENT**

PRETREATMENT EVALUATION

INITIAL TREATMENT^{CC}



Message à retenir

Table 1. Definitions for T, N, M

T	Primary Tumor
TX	Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0	No evidence of primary tumor
Tis	Carcinoma in situ Squamous cell carcinoma in situ (SCIS) Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic pattern, ≤3 cm in greatest dimension
T1	Tumor ≤3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)
T1mi	Minimally invasive adenocarcinoma: adenocarcinoma (≤3 cm in greatest dimension) with a predominantly lepidic pattern and ≤5 mm invasion in greatest dimension
T1a	Tumor ≤1 cm in greatest dimension. A superficial, spreading tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus also is classified as T1a, but these tumors are uncommon.
T1b	Tumor >1 cm but ≤2 cm in greatest dimension
T1c	Tumor >2 cm but ≤3 cm in greatest dimension
T2	Tumor >3 cm but ≤5 cm or having any of the following features: (1) Involves the main bronchus, regardless of distance to the carina, but without involvement of the carina; (2) Invades visceral pleura (PI 1 or PI 2); (3) Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, involving part or all of the lung
T2a	Tumor >3 cm but ≤4 cm in greatest dimension
T2b	Tumor >4 cm but ≤5 cm in greatest dimension
T3	Tumor >5 cm but ≤7 cm in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium; or separate tumor nodule(s) in the same lobe as the primary
T4	Tumor >7 cm or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina, separate tumor nodule(s) in a ipsilateral lobe different from that of the primary

Message à retenir



National
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NCCN Guidelines Version 4.2018 Non-Small Cell Lung Cancer

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Table 1. Definitions for T, N, M (continued)

N	Regional Lymph Nodes
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
N2	Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
N3	Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)
M	Distant Metastasis
MX	Distant metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis
M1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion ^a
M1b	Single extrathoracic metastasis in a single organ (including involvement of a single nonregional node)
M1c	Multiple extrathoracic metastases in a single organ or in multiple organs

Table 2. AJCC Prognostic Groups

	T	N	M		T	N	M
Occult Carcinoma	TX	N0	M0	Stage IIIB	T1a	N3	M0
Stage 0	Tis	N0	M0		T1b	N3	M0
Stage IA1	T1mi	N0	M0		T1c	N3	M0
	T1a	N0	M0		T2a	N3	M0
Stage IA2	T1b	N0	M0		T2b	N3	M0
Stage IA3	T1c	N0	M0		T3	N2	M0
Stage IB	T2a	N0	M0	Stage IIIC	T4	N2	M0
Stage IIA	T2b	N0	M0		T3	N3	M0
Stage IIB	T1a	N1	M0		T4	N3	M0
	T1b	N1	M0	Stage IVA	Any T	Any N	M1a
	T1c	N1	M0		Any T	Any N	M1b
	T2a	N1	M0	Stage IVB	Any T	Any N	M1c
	T2b	N1	M0				
	T3	N0	M0				
Stage IIIA	T1a	N2	M0				
	T1b	N2	M0				
	T1c	N2	M0				
	T2a	N2	M0				
	T2b	N2	M0				
	T3	N1	M0				
	T4	N0	M0				
	T4	N1	M0				

Les nodules pulmonaires

Nodule unique :

Taille du nodule : < 6 mm

- faible de patients à risque : aucun suivi nécessaire
- patients à haut risque : TC facultatif à 12 mois

Taille du nodule : 6-8 mm

- faible de patients à risque : suivi au 6-12 mois, a ensuite envisager d'autres suivi à 18-24 mois
- patients à haut risque : initial suivi CT à 6-12 mois, puis à 18-24 mois si aucun changement

Taille du nodule : > 8 mm

- soit les patients à risque faible ou élevé
- examiner CT suivi à 3 mois, CT-PET ou biopsie

Nodules multiples :

Taille du nodule : < 6 mm

- faible de patients à risque : aucun suivi systématique
- patients à haut risque : TC facultatif à 12 mois

Taille du nodule : 6-8 mm

- faible de patients à risque : suivi 3 à 6 mois, puis envisager plus suivi à 18-24 mois
- patients à haut risque : suivi 3 à 6 mois, puis à 18-24 mois si aucun changement

Taille du nodule : > 8 mm

- faible de patients à risque : suivi 3 à 6 mois, puis envisager plus suivi à 18-24 mois
- patients à haut risque : suivi 3 à 6 mois, puis à 18-24 mois si aucun changement

Solid	Size	Follow up		
	< 6 mm (<100mm ³)	Single	Low risk High risk	No routine follow Optional CT at 12 months
		Multiple	Low risk High risk	No routine follow Optional CT at 12 months
	6-8 mm (100-250mm ³)	Single	Low risk High risk	CT at 6-12 mo, then consider CT at 18-24 CT at 6-12 mo, then CT at 18-24
		Multiple	Low risk High risk	CT at 3-6 mo, then consider CT at 18-24 CT at 3-6 mo, then CT at 18-24
	> 8 mm (> 250mm ³)	Single	All	Consider CT at 3 mo, PET/CT or Biopsy
		Multiple	Low risk High risk	CT at 3-6 mo, then consider CT at 18-24 CT at 3-6 mo, then CT at 18-24