Uluslararası Katılımlı
ASYOD
AKCİĞER SAĞLIĞI KONGRESİ
Sizin Sesiniz, Sizin Kongreniz...
9-12 Nisan 2025
Sueno Deluxe Hotel, Belek/Antalya
UASK 2025
asyoduask2025.com

# Mediastende Lenf Nodu Olan Olgu

Doç.Dr.Selahattin Öztaş

SBU Süreyyapaşa Göğüs Hastalıkları EAH

*33 yaşında erkek

*Bilinen ek hastalık yok

*Sigara kullanmıyor

*Emlakçılık yapıyor

*Trafik kazası sonrası devam eden sol yan ağrısı nedeni ile çekilen Toraks Bt de lingulada 1,5- 2 cm lik solid lezyon ve plevraya uzanan lineer atelektazik yapı ve mediastende 4L de 1-1,5 cm lik LAP

*Laboratuvar tetkiklerinde patolojik bulgu yok

Uluslararası Katılımlı

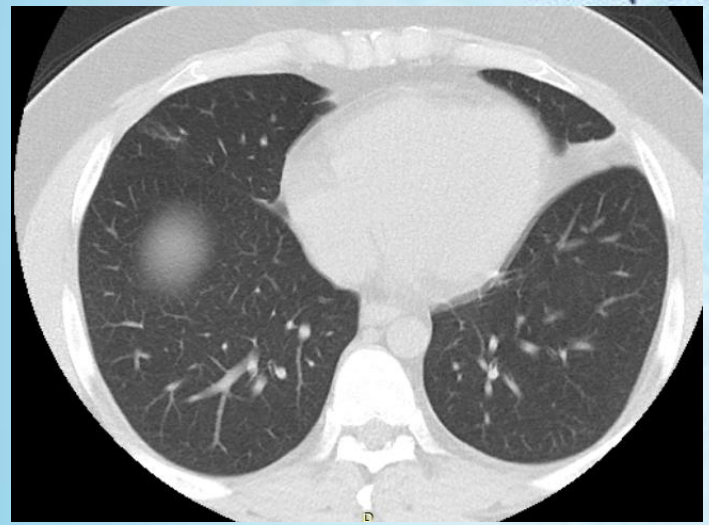
# AKCİĞER SAĞLIĞI KONGRESİ

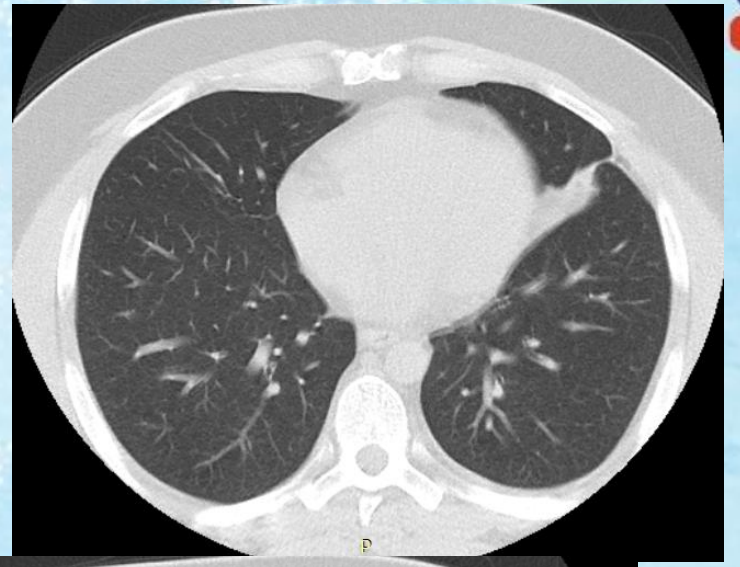
*Sizin Sesiniz, Sizin Kongreniz...*

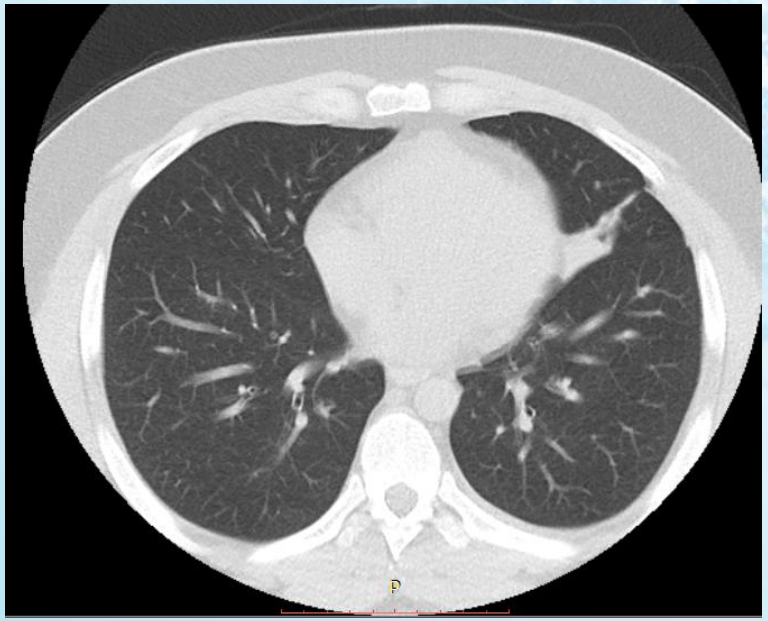
ASYOD
AKCİĞER SAĞLIĞI VE YOĞUN BAKIM DERNEĞİ

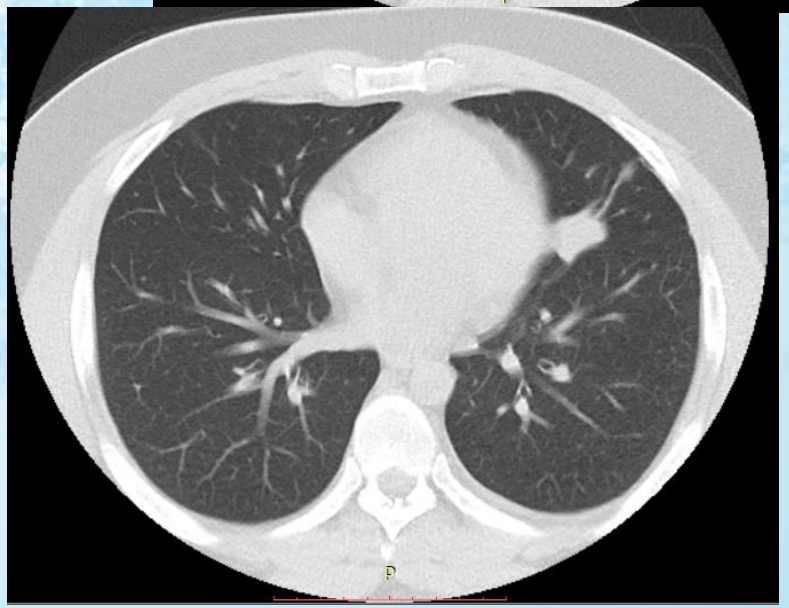
9-12 Nisan 2025
Sueno Deluxe Hotel,
Belek/Antalya

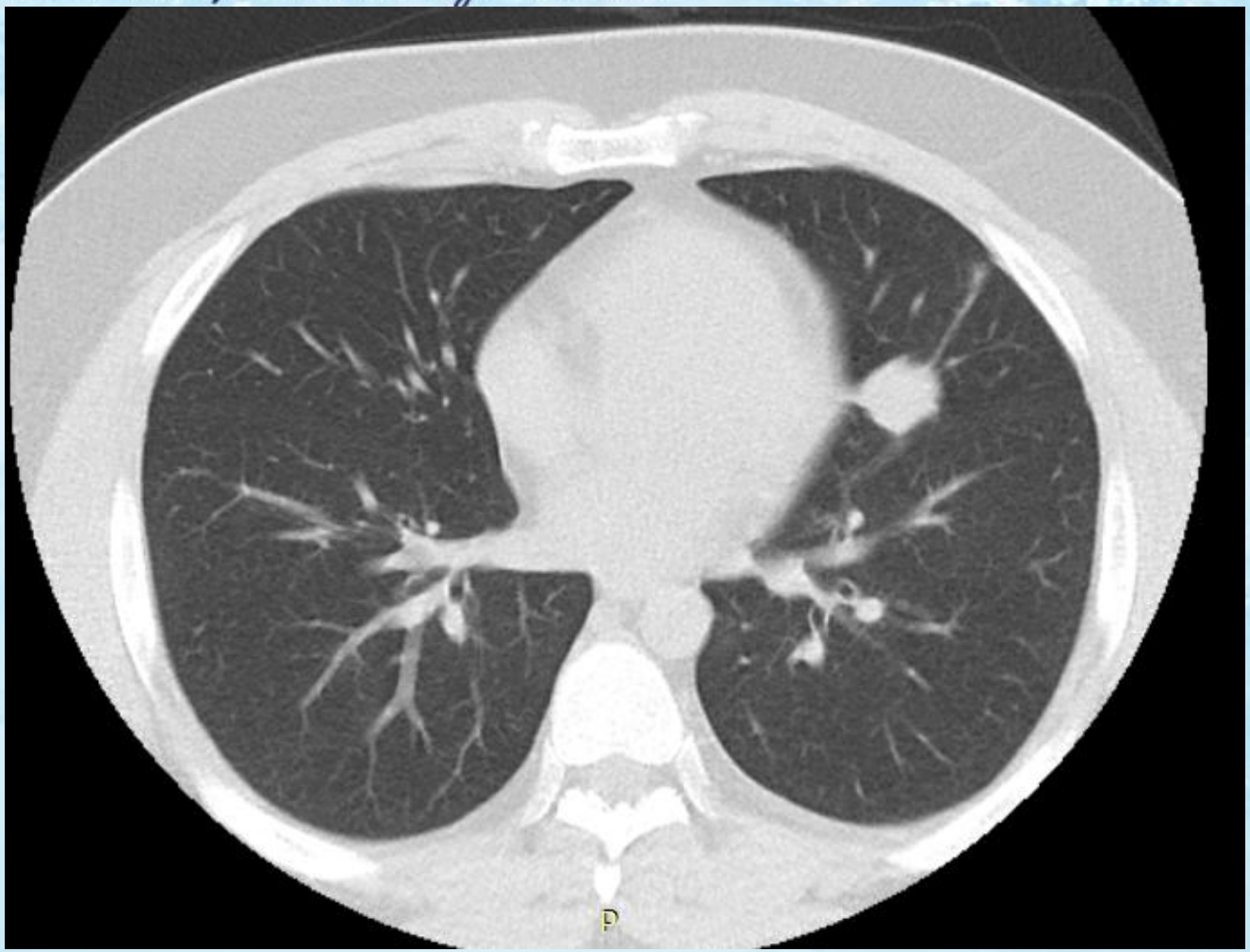
UASK 2025
asyoduask2025.com

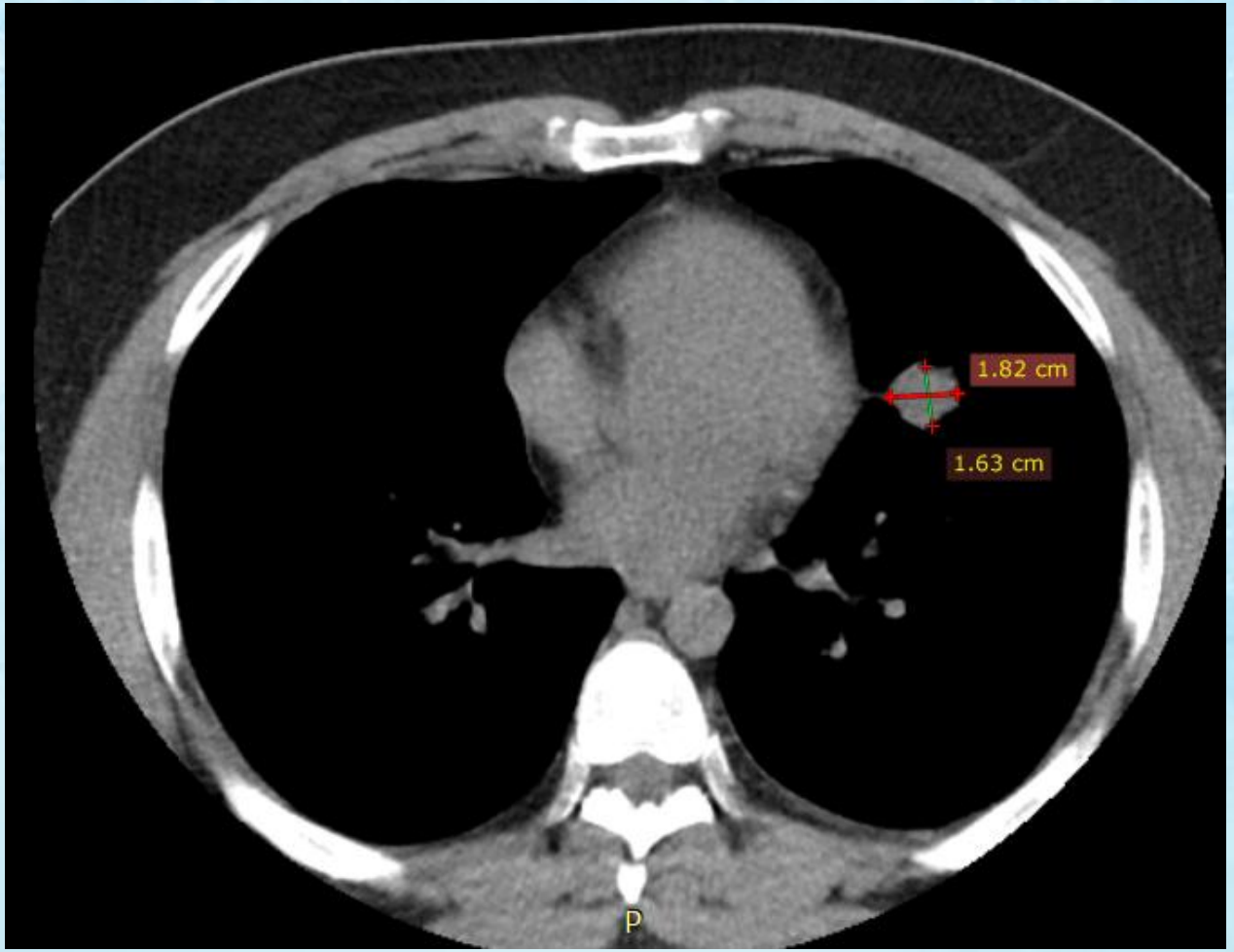


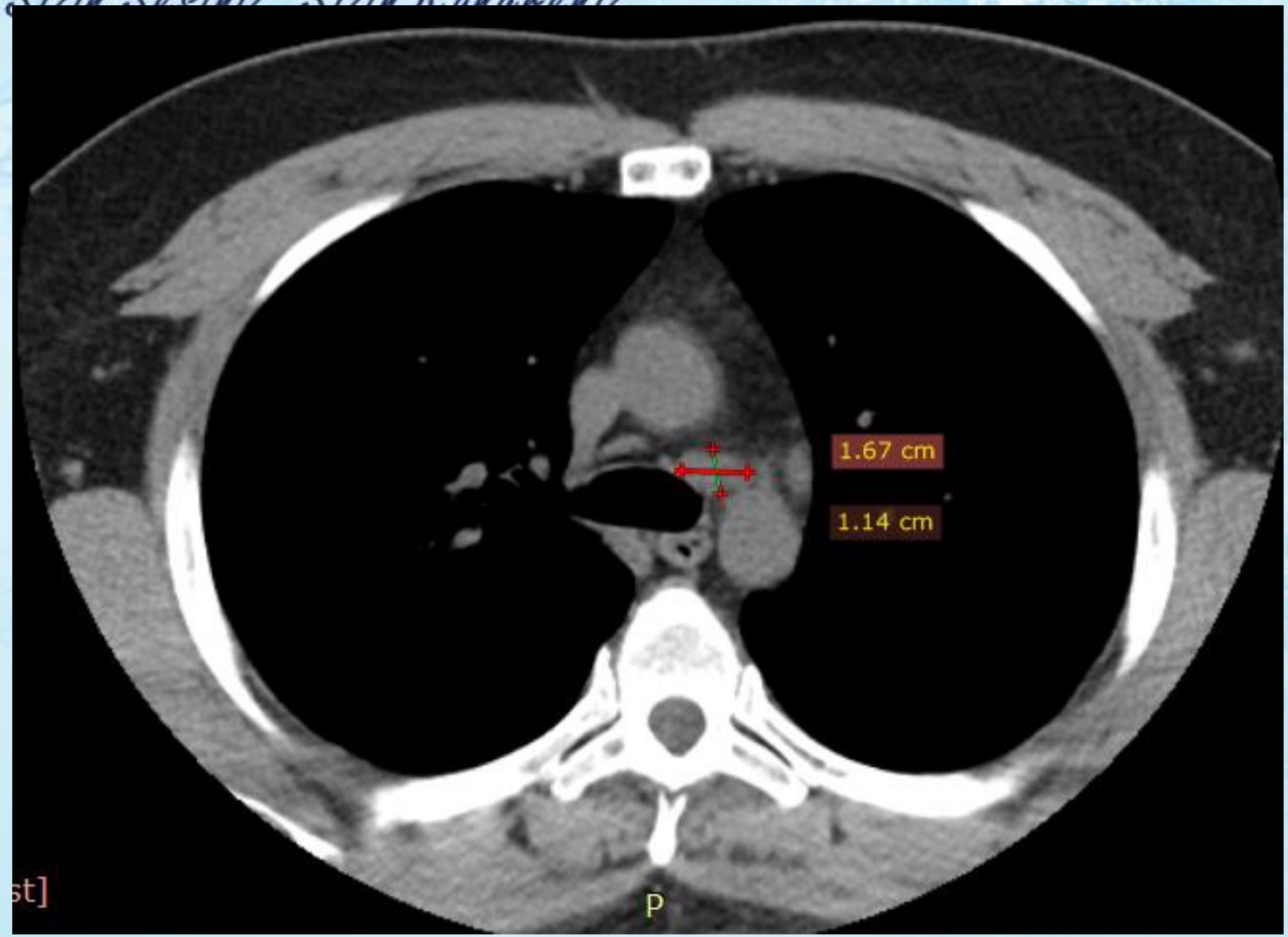


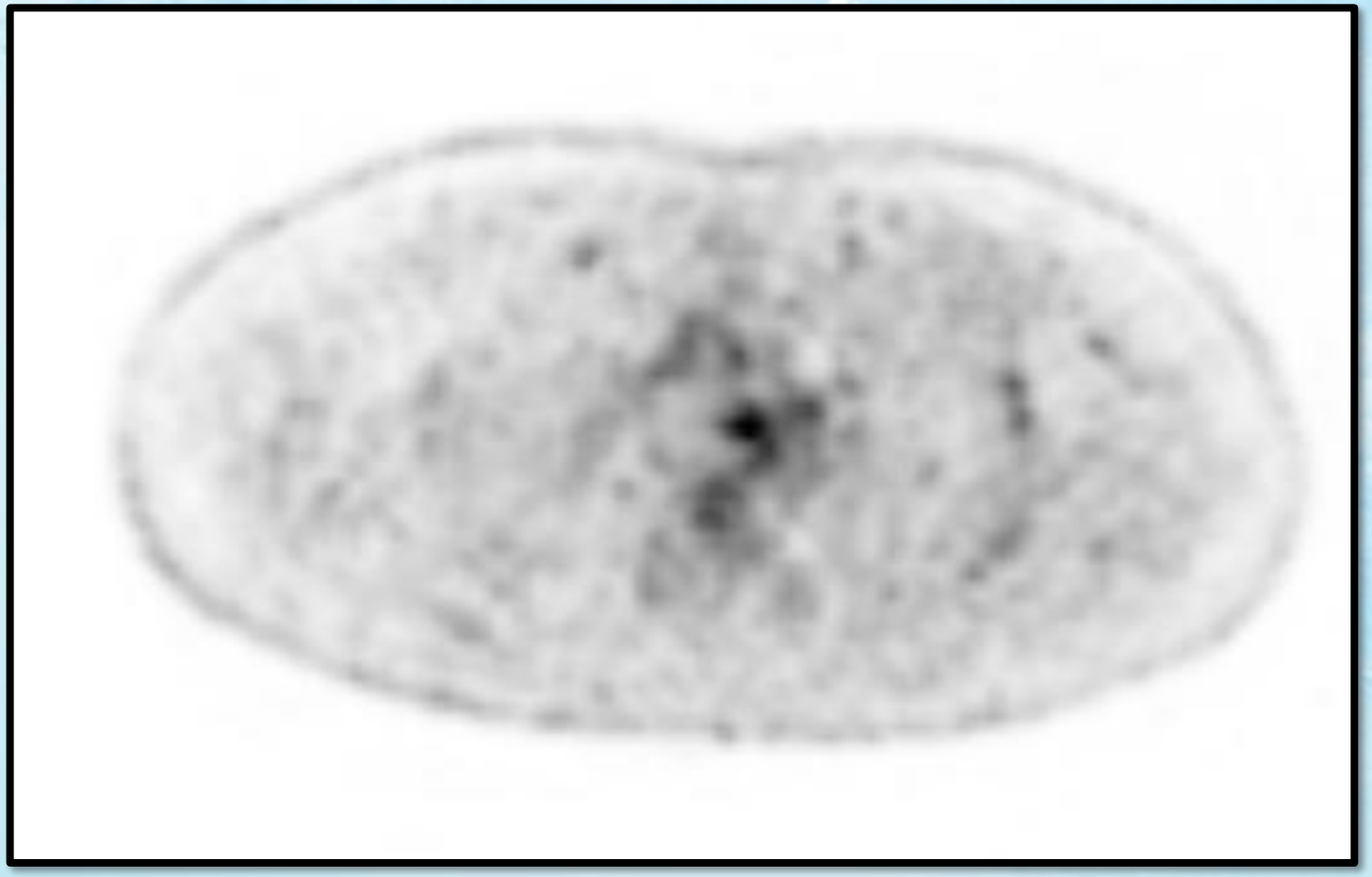







1.82 cm
1.63 cm
P


1.67 cm
1.14 cm
P



- Soru 1: Bu durumda hastaya hangi tetkiki önerirsiniz ?

1- Bronkoskopi

2- EBUS

3- Bronkoskopi + EBUS

4- Mediastinoskopi/VATS

5- Takip

National Comprehensive Cancer Network®

# NCCN Guidelines Version 3.2025
# Non-Small Cell Lung Cancer

NCCN Guidelines Index
Table of Contents
Discussion

**CLINICAL PRESENTATION** | **RISK ASSESSMENT[b]**

**Incidental finding of nodule suspicious for lung cancer** → • Multidisciplinary evaluation[a] • Smoking cessation counseling →

**Patient factors**
- Age
- Smoking history
- Previous cancer history
- Family history
- Occupational exposures
- Other lung disease (chronic obstructive pulmonary disease [COPD], pulmonary fibrosis)
- Exposure to infectious agents (eg, endemic areas of fungal infections, tuberculosis) or risk factors or history suggestive of infection (eg, immune suppression, aspiration, infectious respiratory symptoms)

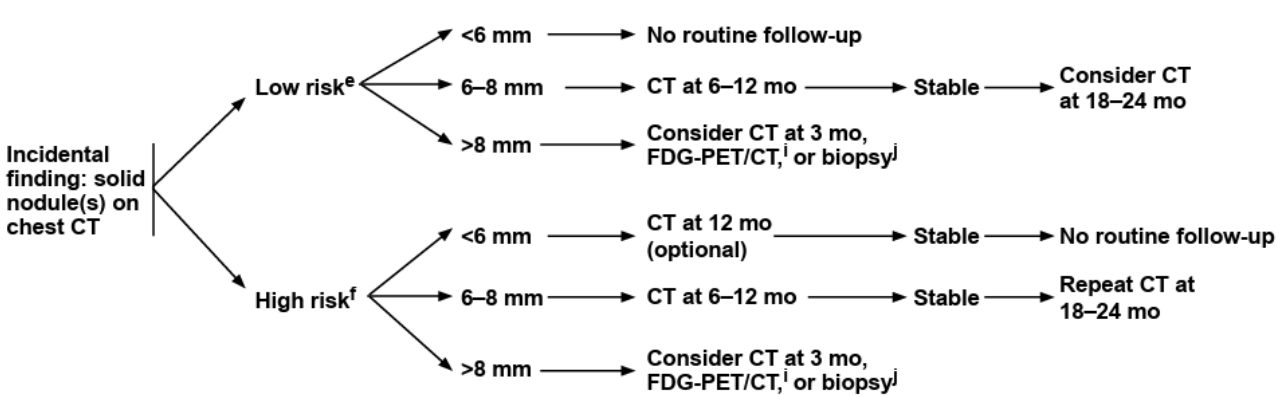
**Radiologic factors[c,d]**
- Size, shape, and density of the pulmonary nodule
- Associated parenchymal abnormalities (eg, scarring or suspicion of inflammatory changes)
- Fluorodeoxyglucose (FDG) avidity on FDG-PET/CT imaging

→ **Solid nodules** Follow-up (DIAG-2)

→ **Subsolid nodules** Follow-up (DIAG-3)

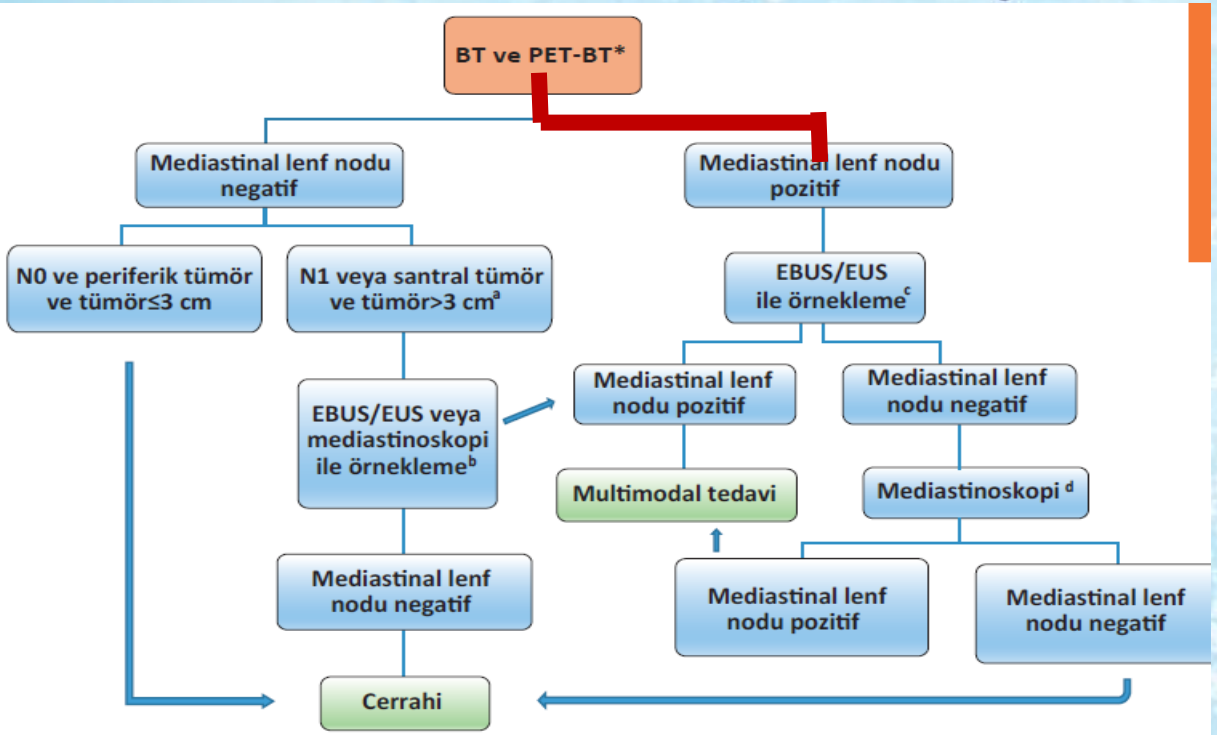
**Lung nodules in asymptomatic patients at high-risk detected during lung cancer screening with LDCT** → NCCN Guidelines for Lung Cancer Screening

[a] Multidisciplinary evaluation including thoracic surgeons, thoracic radiologists, and pulmonologists to determine the likelihood of a cancer diagnosis and the optimal diagnostic or follow-up strategy.
[b] Risk calculators can be used to quantify individual patient and radiologic factors but do not replace evaluation by a multidisciplinary diagnostic team with substantial experience in the diagnosis of lung cancer.
[c] Principles of Diagnostic Evaluation (DIAG-A 1 of 3).
[d] The most important radiologic factor is change or stability compared with a previous imaging study.




[c] Principles of Diagnostic Evaluation (DIAG-A 1 of 3).
[d] The most important radiologic factor is change or stability compared with a previous imaging study.
[e] Low risk = minimal or absent history of smoking or other known risk factors.
[f] High risk = history of smoking or other known risk factors. Known risk factors include history of lung cancer in a first-degree relative or exposure to asbestos, radon, or uranium.
[g] Non-solid (ground-glass) nodules may require longer follow-up to exclude indolent adenocarcinoma.
[h] Adapted from Fleischner Society Guidelines: MacMahon H, Naidich DP, Goo JM, et al. Guidelines for management of incidental pulmonary nodules detected on CT images: From the Fleischner Society 2017. Radiology 2017;284:228-243. ©Radiological Society of North America. Fleischner Society Guidelines do not direct whether or not contrast is necessary or if an LDCT is appropriate. LDCT is preferred unless there is a reason for contrast enhancement for better diagnostic resolution.
[i] FDG-PET/CT performed skull base to mid-thigh. A positive FDG-PET/CT result is defined as a standardized uptake value (SUV) in the lung nodule greater than the baseline mediastinal blood pool. A false-positive FDG-PET/CT scan finding can be caused by infection or inflammation, including absence of lung cancer with localized infection, presence of lung cancer with associated (eg, postobstructive) infection, and presence of lung cancer with related inflammation (eg, nodal, parenchymal, pleural). A false-negative FDG-PET/CT scan can be caused by a small nodule, low cellular density (nonsolid nodule or ground-glass opacity [GGO]), or low tumor avidity for FDG (eg, adenocarcinoma in situ [AIS; previously known as bronchoalveolar carcinoma], carcinoid tumor). If a false-negative FDG-PET/CT is due to low tumor avidity and/or low cellularity is suspected, follow-up CT or biopsy are reasonable options.
[j] Prior to treatment, multidisciplinary evaluation that includes treating physicians and specialists in obtaining tissue diagnosis (thoracic surgery, interventional pulmonology, and interventional radiology) is required to determine the safest and most efficient approach for biopsy, or to provide consensus that a biopsy is too risky or difficult, that a clinical diagnosis of lung cancer is appropriate, and that treatment is warranted.

**Note: All recommendations are category 2A unless otherwise indicated.**

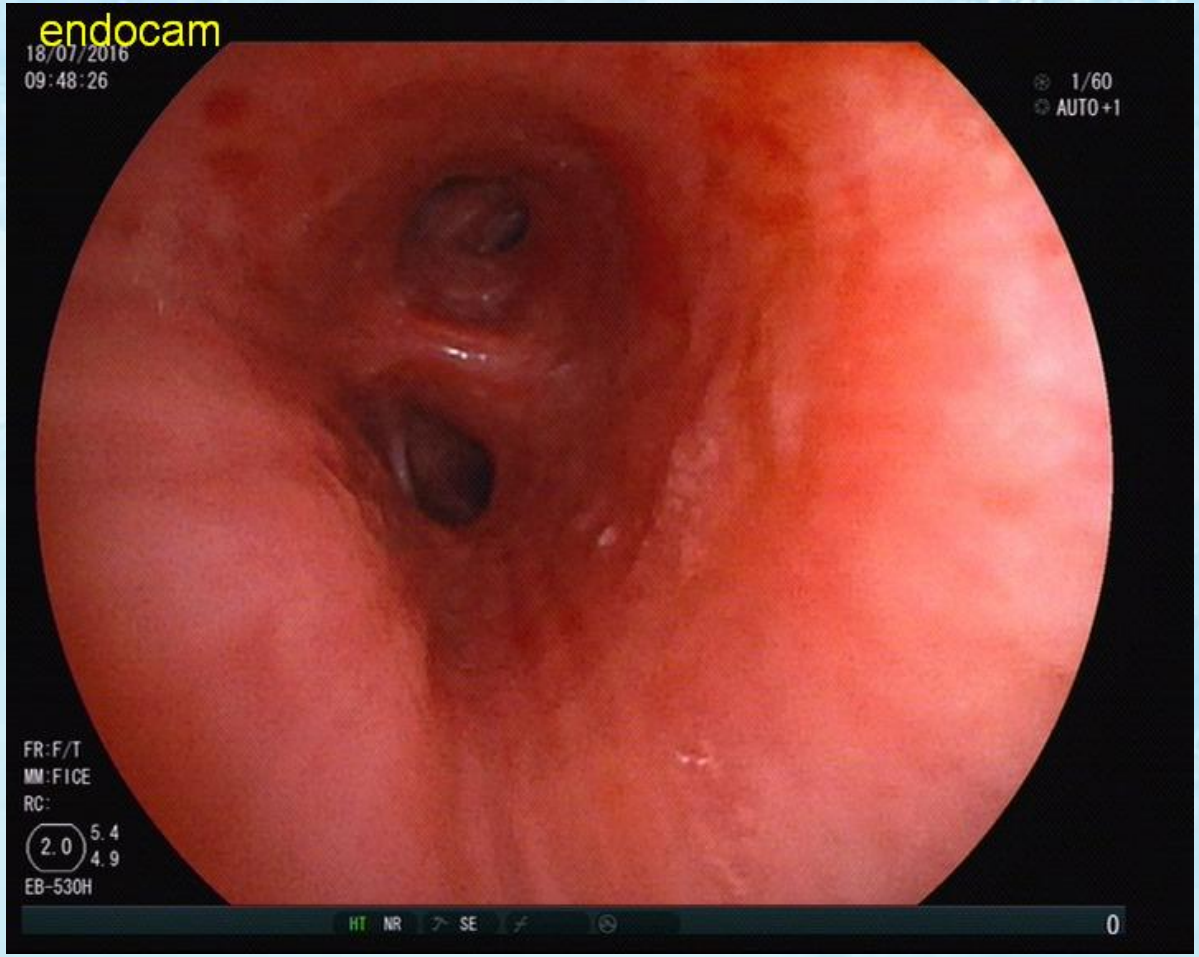



**Şekil 1. Metastatik olmayan KHDAK'de mediastinal lenf nodu evreleme algoritması**

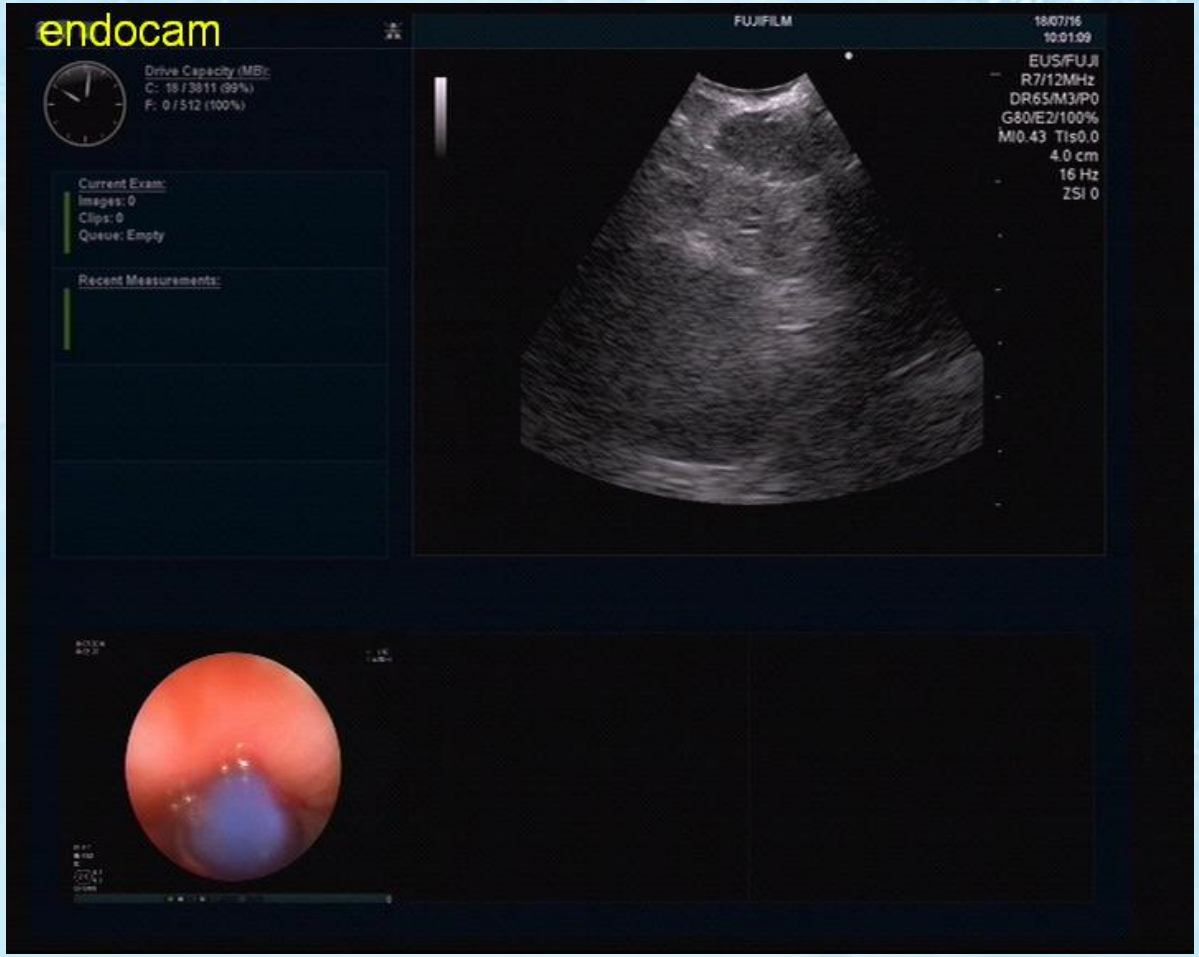
**Türkiye'de radyoloji ve nükleer tıp bölümleri aynı anda değerlendirme yapamadığından BT ve PET-BT tetkiklerinin birlikte istenmesi önerilmektedir.*
*a; Tümör>3 cm ise (özellikle yüksek FDG tutulumu olan adenokarsinomda) invaziv evreleme yapılmalıdır.*
*b; Merkezlerin evreleme tercihleri deneyimli oldukları ve uygulama imkanları olanı yöntemlere göre değişiklik gösterebilir.*
*c; EBUS/EUS ile iğne aspirasyonu imkanı varsa endoskopik teknikler minimal invaziv işlemlerdir ve ilk tercih olmalıdır.*
*d; Negatif prediktif değeri yüksek olması nedeniyle imkan varsa VAM ile nodal diseksiyon veya biyopsi alınması önerilir.*

Göğüs hastalıkları uzmanları için akciğer kanseri tedavi algoritmaları 2019

# Bronkoskopisi sol ana broş distali



# EBUS FOB İŞLEMİ 4L



- 4L lenf nodu EBUS TBİABiopsi: Adenokarsinom

- Tanı sonrası çekilen Kontrastlı Beyin MR da metastatik bulgu yok

## 8th Ed TNM Categories

**8th Ed TNM Categories**

| T/M | Label | N0 | N1 | N2 | N3 |
|---|---|---|---|---|---|
| T1 | T1a | IA1 | IIB | IIIA | IIIB |
| | T1b | IA2 | IIB | IIIA | IIIB |
| | T1c | IA3 | IIB | IIIA | IIIB |
| T2 | T2a Inv | IB | IIB | IIIA | IIIB |
| | T2a >3-4 | IB | IIB | IIIA | IIIB |
| | T2b >4-5 | IIA | IIB | IIIA | IIIB |
| T3 | T3 >5-7 | IIB | IIIA | IIIB | IIIC |
| | T3 Inv | IIB | IIIA | IIIB | IIIC |
| | T3 Same Lobe Nod | IIB | IIIA | IIIB | IIIC |
| T4 | T4 >7 | IIIA | IIIA | IIIB | IIIC |
| | T4 Inv | IIIA | IIIA | IIIB | IIIC |
| | T4 Ipsi Nod | IIIA | IIIA | IIIB | IIIC |
| M1 | M1a Pl Dissem | IVA | IVA | IVA | IVA |
| | M1a Contr Nod | IVA | IVA | IVA | IVA |
| | M1b Single Les | IVA | IVA | IVA | IVA |
| | M1c Mult Les | IVB | IVB | IVB | IVB |

## Proposed 9th Ed TNM Categories

**Proposed 9th Ed TNM Categories**

| T/M | Description | N0 | N1 | N2 | | N3 |
|---|---|---|---|---|---|---|
| | | | | **N2a** | **N2b** | |
| T1 | T1a ≤1 cm | IA1 | IIA | IIB | IIIA | IIIB |
| | T1b >1 to ≤2 cm | IA2 | IIA | IIB | IIIA | IIIB |
| | T1c >2 to ≤3 cm | IA3 | IIA | IIB | IIIA | IIIB |
| T2 | T2a Visceral pleura / central invasion | IB | IIB | IIIA | IIIB | IIIB |
| | T2a >3 to ≤4 cm | IB | IIB | IIIA | IIIB | IIIB |
| | T2b >4 to ≤5 cm | IIA | IIB | IIIA | IIIB | IIIB |
| T3 | T3 >5 to ≤7 cm | IIB | IIIA | IIIA | IIIB | IIIC |
| | T3 Invasion | IIB | IIIA | IIIA | IIIB | IIIC |
| | T3 Same lobe tumor nodule | IIB | IIIA | IIIA | IIIB | IIIC |
| T4 | T4 >7 cm | IIIA | IIIA | IIIB | IIIB | IIIC |
| | T4 Invasion | IIIA | IIIA | IIIB | IIIB | IIIC |
| | T4 Ipsilateral tumor nodule | IIIA | IIIA | IIIB | IIIB | IIIC |
| M1 | M1a Pleural / pericardial dissemination | IVA | IVA | IVA | IVA | IVA |
| | M1a Contralateral tumor nodule | IVA | IVA | IVA | IVA | IVA |
| | M1b Single extrathoracic lesion | IVA | IVA | IVA | IVA | IVA |
| | **M1c1** Multiple lesions, 1 organ system | IVB | IVB | IVB | IVB | IVB |
| | **M1c2** Multiple lesions, >1 organ system | IVB | IVB | IVB | IVB | IVB |

Rami-Porta R, Nishimura KK, Giroux DJ, et al. The In- ternational Association for the Study of Lung Cancer Lung Cancer Staging Project: Proposals for revision of the TNM stage groups in the forthcoming (Ninth) edition of the TNM classification for lung cancer. J Thorac Oncol. 2024.

- Soru 2: Bu aşamada tedavide hastaya ne önerirsiniz?

1- Definitif Kemoradyoterapi

2- Neoadjuvan Kemoradyoterapi

3- Neoadjuvan Kemoradyoterapi + İmmunoterapi

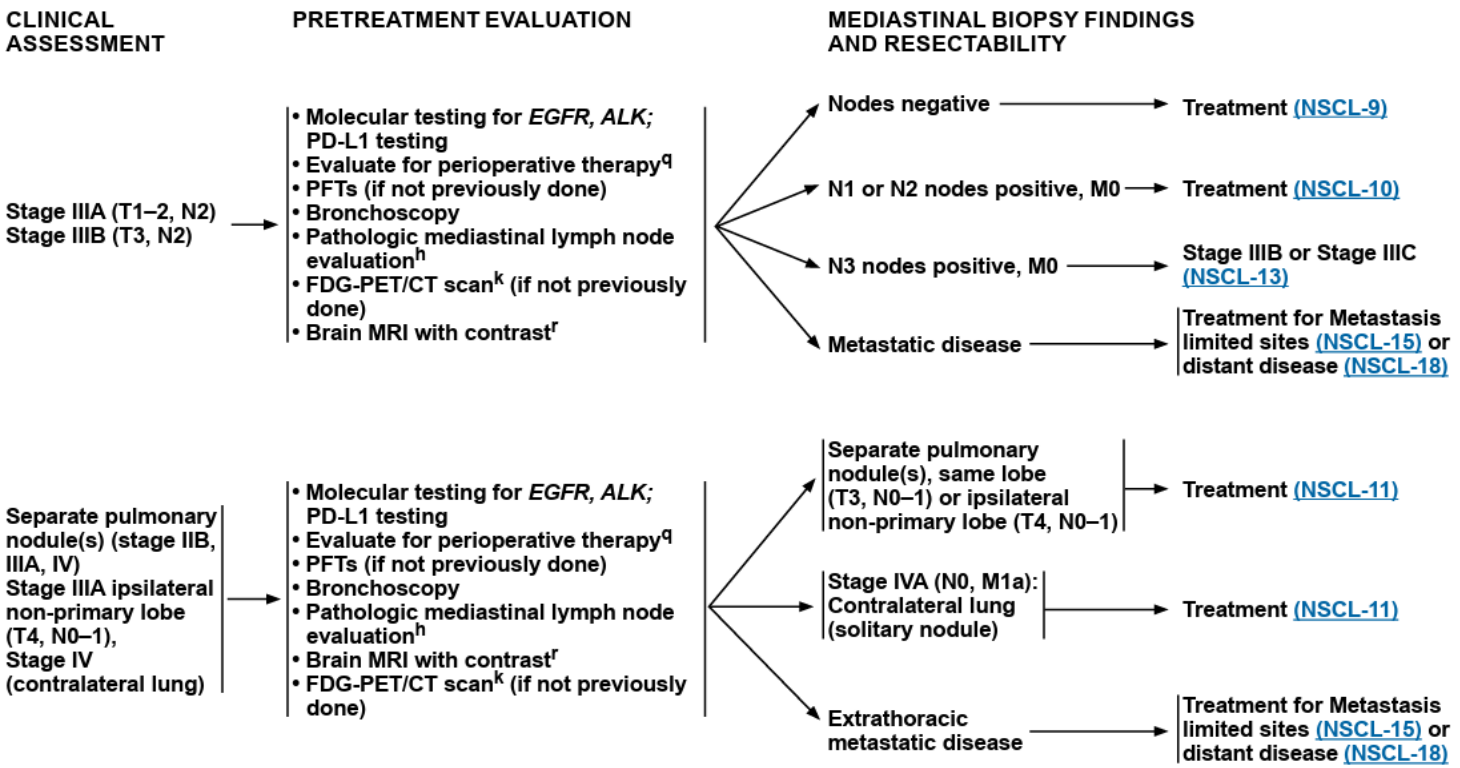
4- Cerrahi tedavi

5- Genetik tetkiklerin sonuçlarını bekle

National Comprehensive Cancer Network®

# NCCN Guidelines Version 3.2025
# Non-Small Cell Lung Cancer

NCCN Guidelines Index
Table of Contents
Discussion




[h] Methods for evaluation include mediastinoscopy, mediastinotomy, EBUS, EUS, and CT-guided biopsy. An EBUS-TBNA negative for malignancy in a clinically (FDG-PET/CT and/or CT) positive mediastinum should undergo subsequent mediastinoscopy prior to surgical resection.

[k] FDG-PET/CT performed skull base to mid-thigh. Positive FDG-PET/CT scan findings for distant disease need pathologic or other radiologic confirmation. If FDG-PET/CT scan is positive in the mediastinum, lymph node status needs pathologic confirmation.

[q] Perioperative Systemic Therapy (NSCL-E).

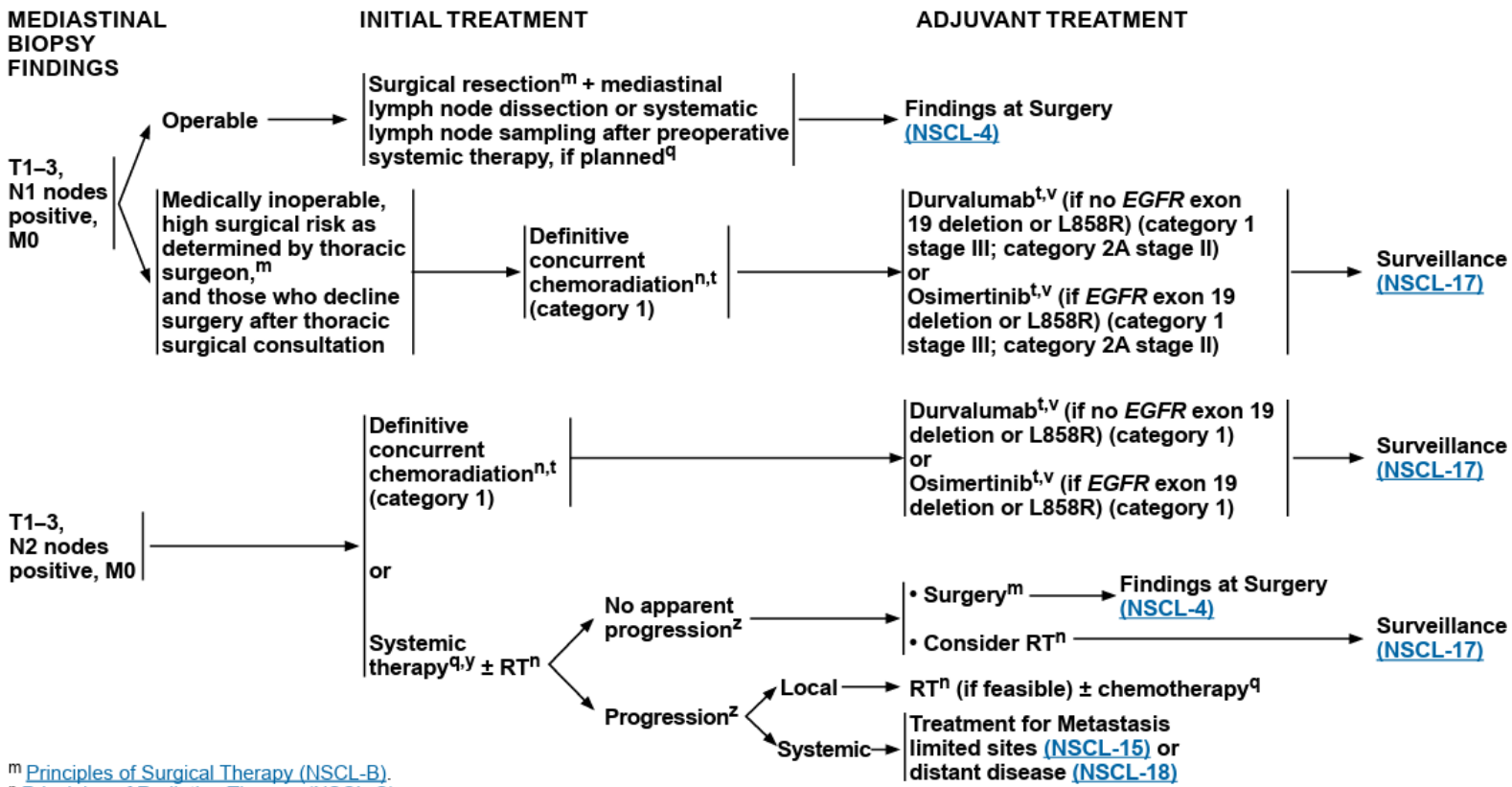
[r] If MRI is not possible, CT of head with contrast.

**Note: All recommendations are category 2A unless otherwise indicated.**

National Comprehensive Cancer Network®

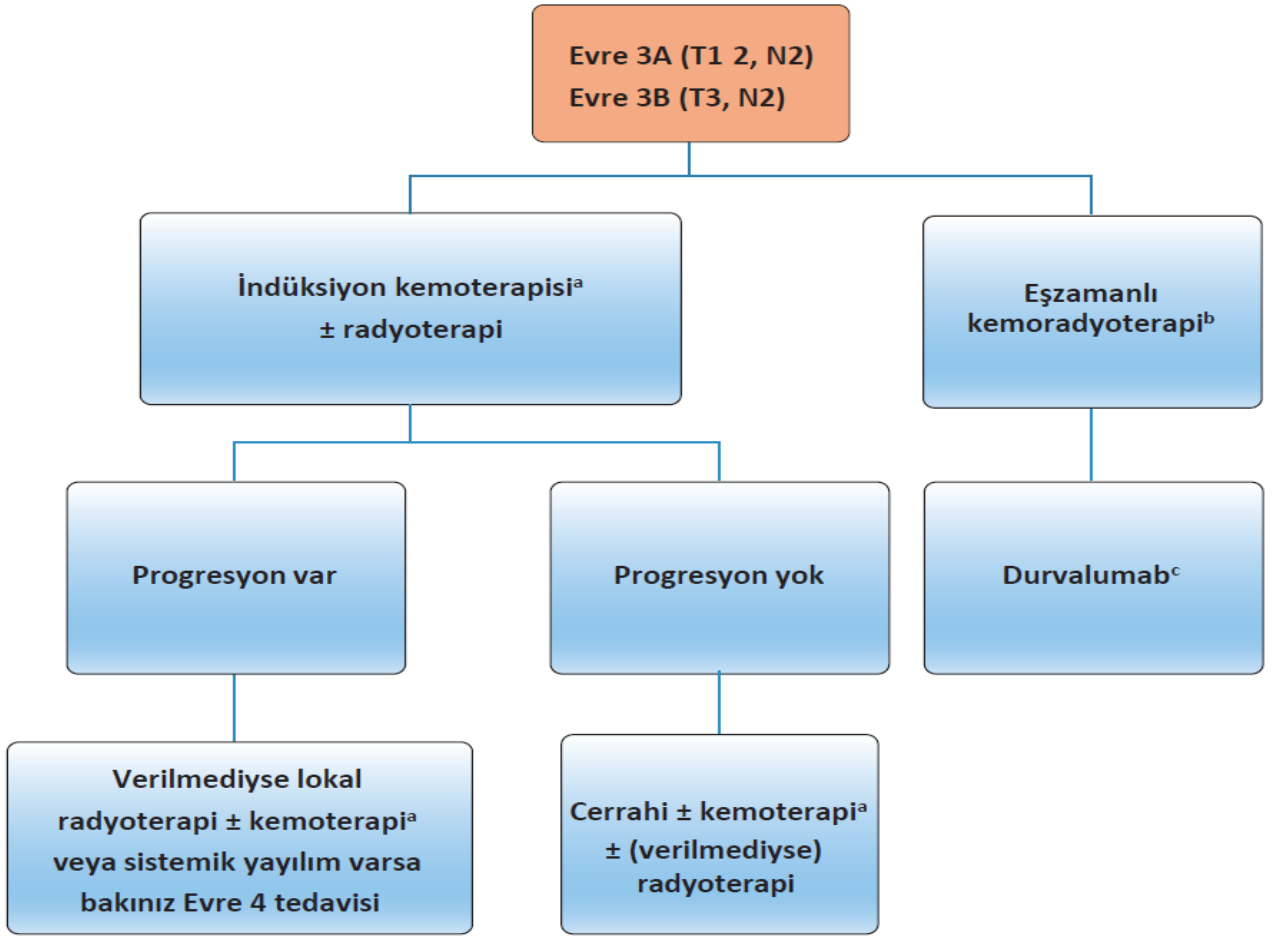
# NCCN Guidelines Version 3.2025
# Non-Small Cell Lung Cancer

NCCN Guidelines Index
Table of Contents
Discussion




[m] Principles of Surgical Therapy (NSCL-B).
[n] Principles of Radiation Therapy (NSCL-C).
[q] Perioperative Systemic Therapy (NSCL-E).
[t] Concurrent Chemoradiation Regimens (NSCL-F).
[v] For patients who have received sequential chemoradiation, durvalumab can be considered as consolidation immunotherapy or, if *EGFR* exon 19 deletion or L858R, osimertinib is recommended.
[y] Selected patients with N2 disease (fit, single-station, non-bulky N2, requiring only lobectomy) may be considered for systemic therapy followed by surgery.
[z] Chest CT with contrast and/or FDG-PET/CT to evaluate progression.

**Note: All recommendations are category 2A unless otherwise indicated.**



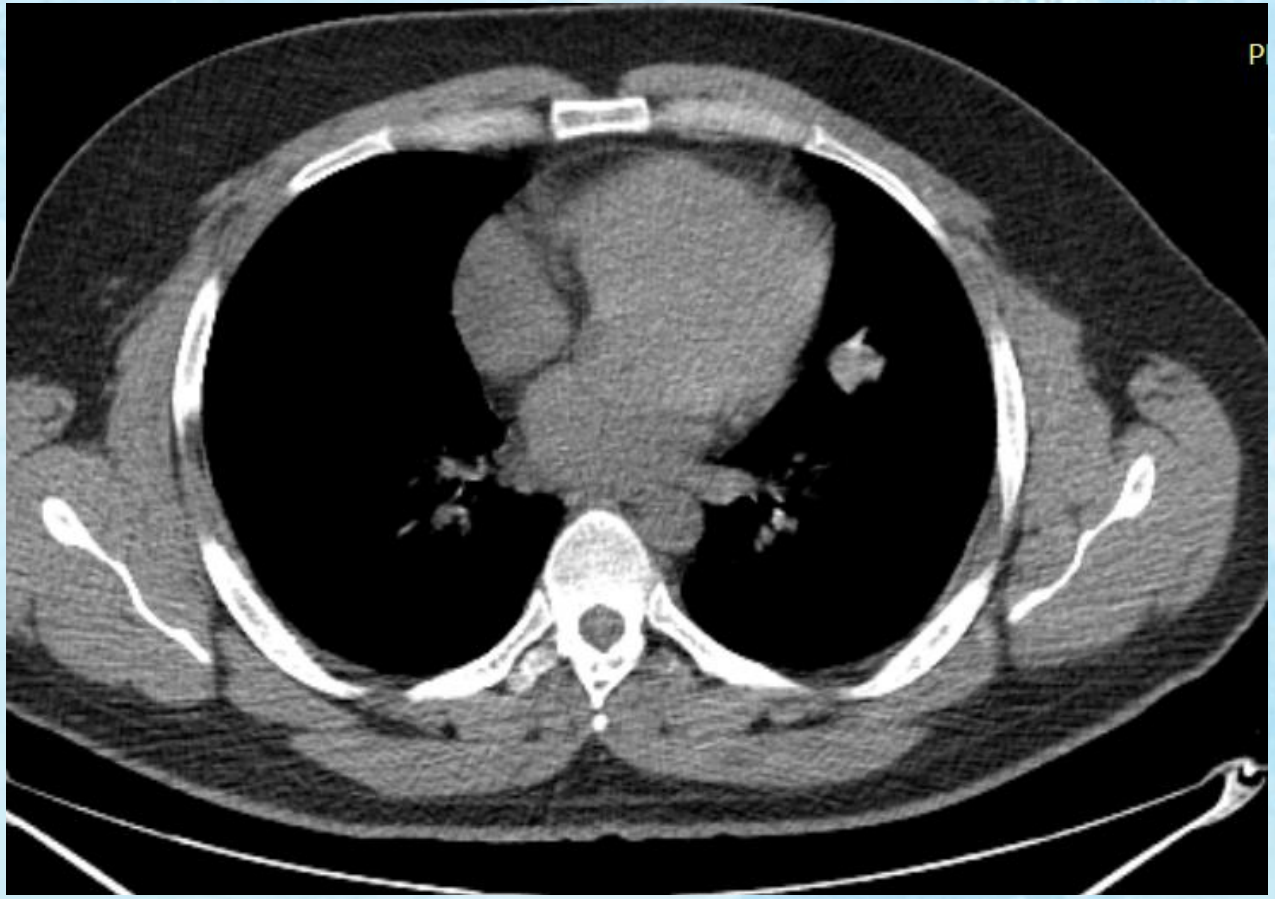

**Şekil 9. Evre 3A (T1, N2; T2, N2; T3, N2) tedavi algoritması**

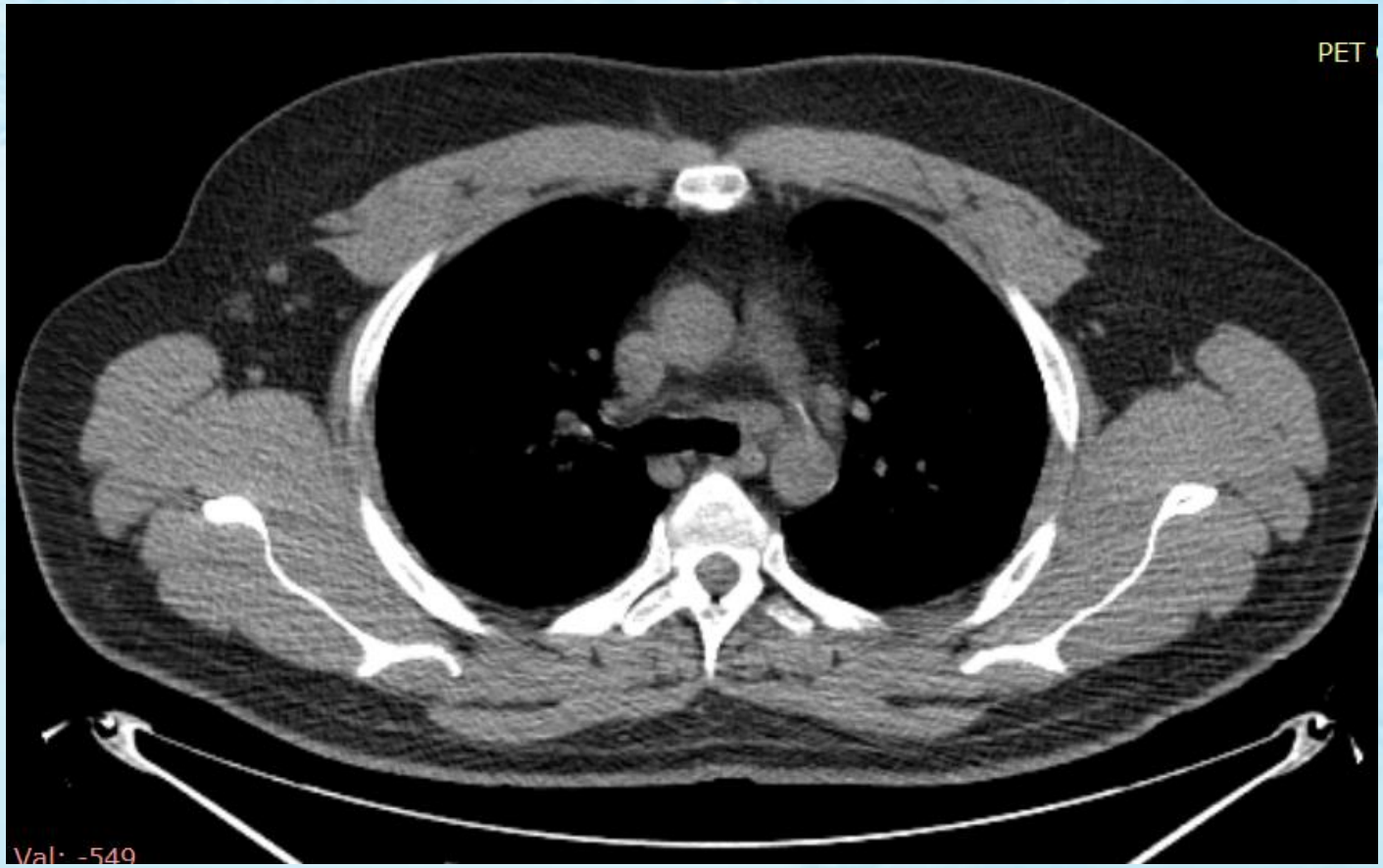
*[a,b,c] Bakınız Tablo 2*
*[c] Durvalumab tedavisinin ülkemizde henüz geri ödemesi yoktur.*

Göğüs hastalıkları uzmanları için akciğer kanseri tedavi algoritmaları 2019

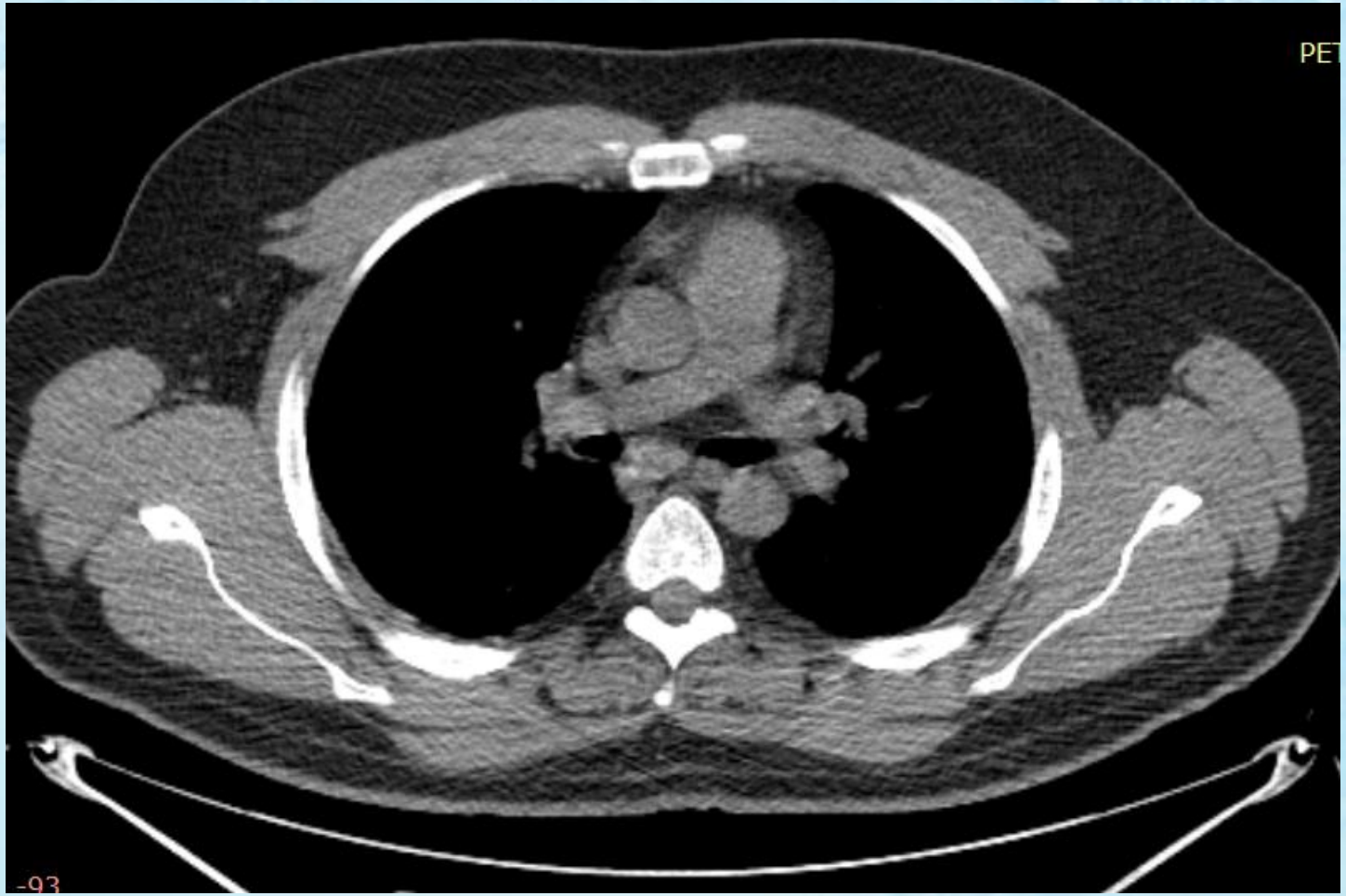
- Neoadjuvan kemoradyoterapi aldı
- Genetik testleri negatif kaldı.(sürücü mutasyon ve PD-L1)
- Neoadjuvan kemoradyoterapi sonrası kontrol toraks bt çekildi

# Neoadjuvan sonrası BT

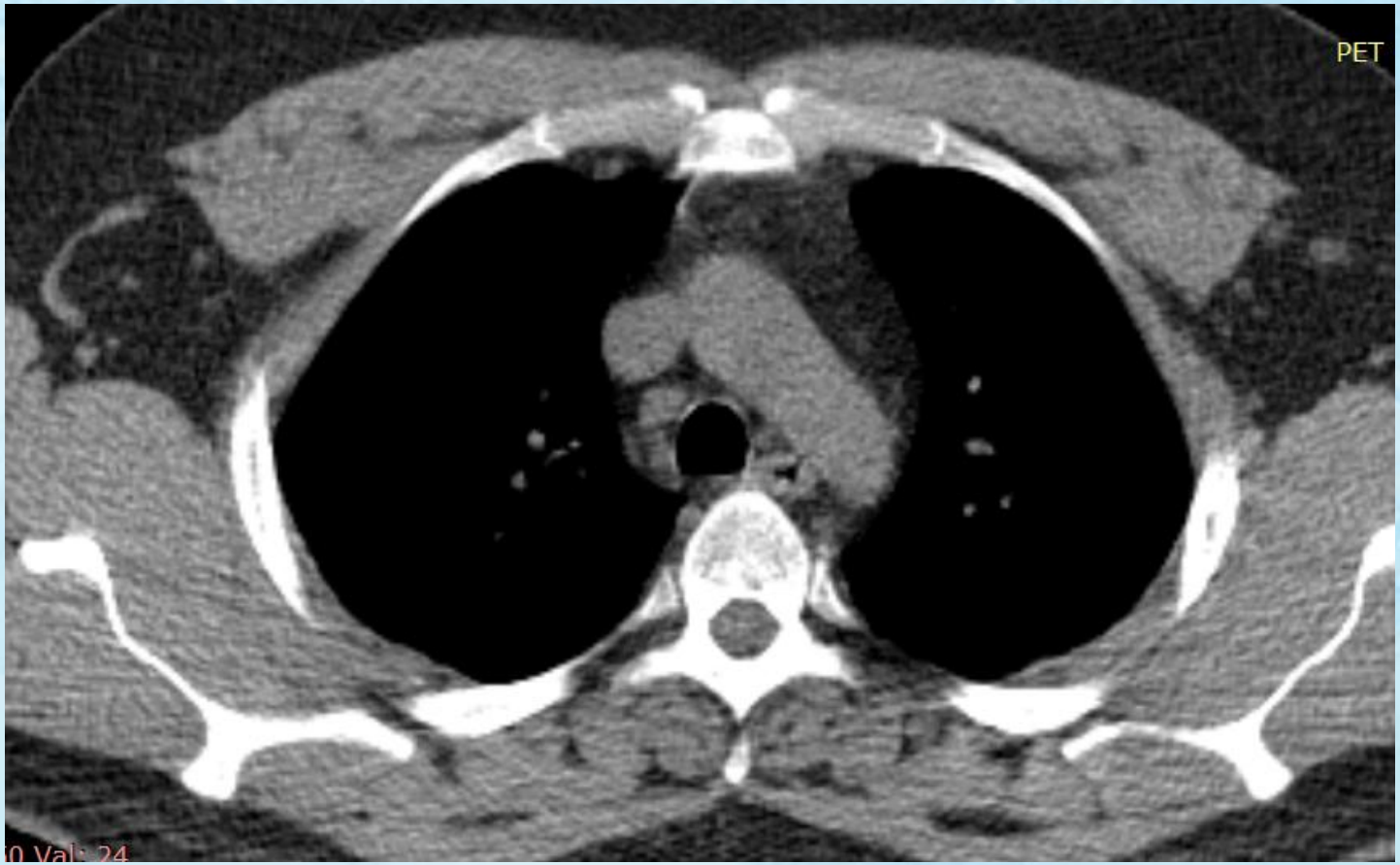



PET
Val: -549

7 ?(n2 ?)



4R?(n3 ?)



- Soru 3: Bu aşamada tetkik ve tedavi açısından ne yaparsınız ?

1- Mediastinoskopi

2- VATS

3- EBUS

4- Kemoradyoterapiye devam

5- Radyoterapi

- Mediastinoskopi: 4L, 7, 4R de Adenokarsinom

- Soru 4: Bundan sonraki tedavi açısından ne yaparsınız ?

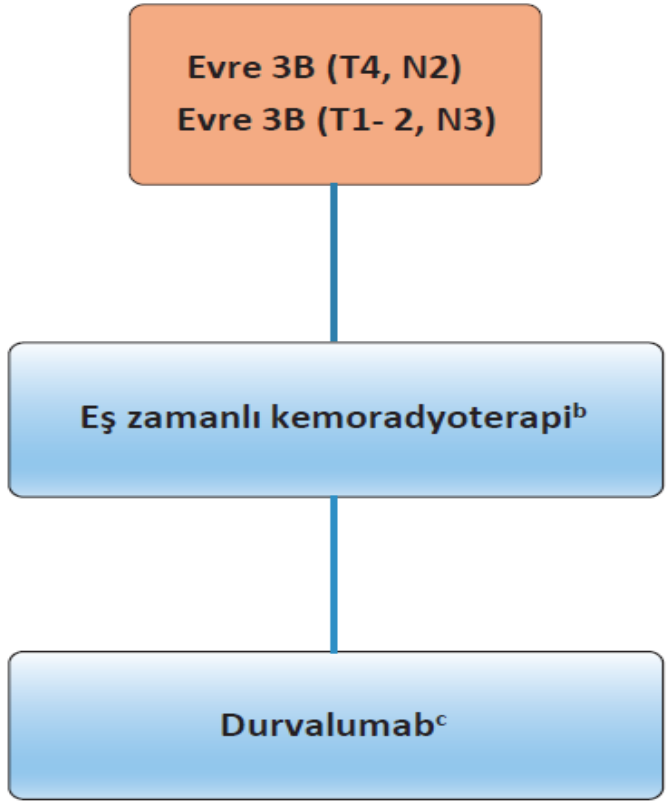
1- Radyoterapi

2- Kemoterapi

3- Kemoradyoterapinin definit doza tamamlanması

4- Cerrahi tedavi yaklaşımları

5- Destek tedavi ve takip

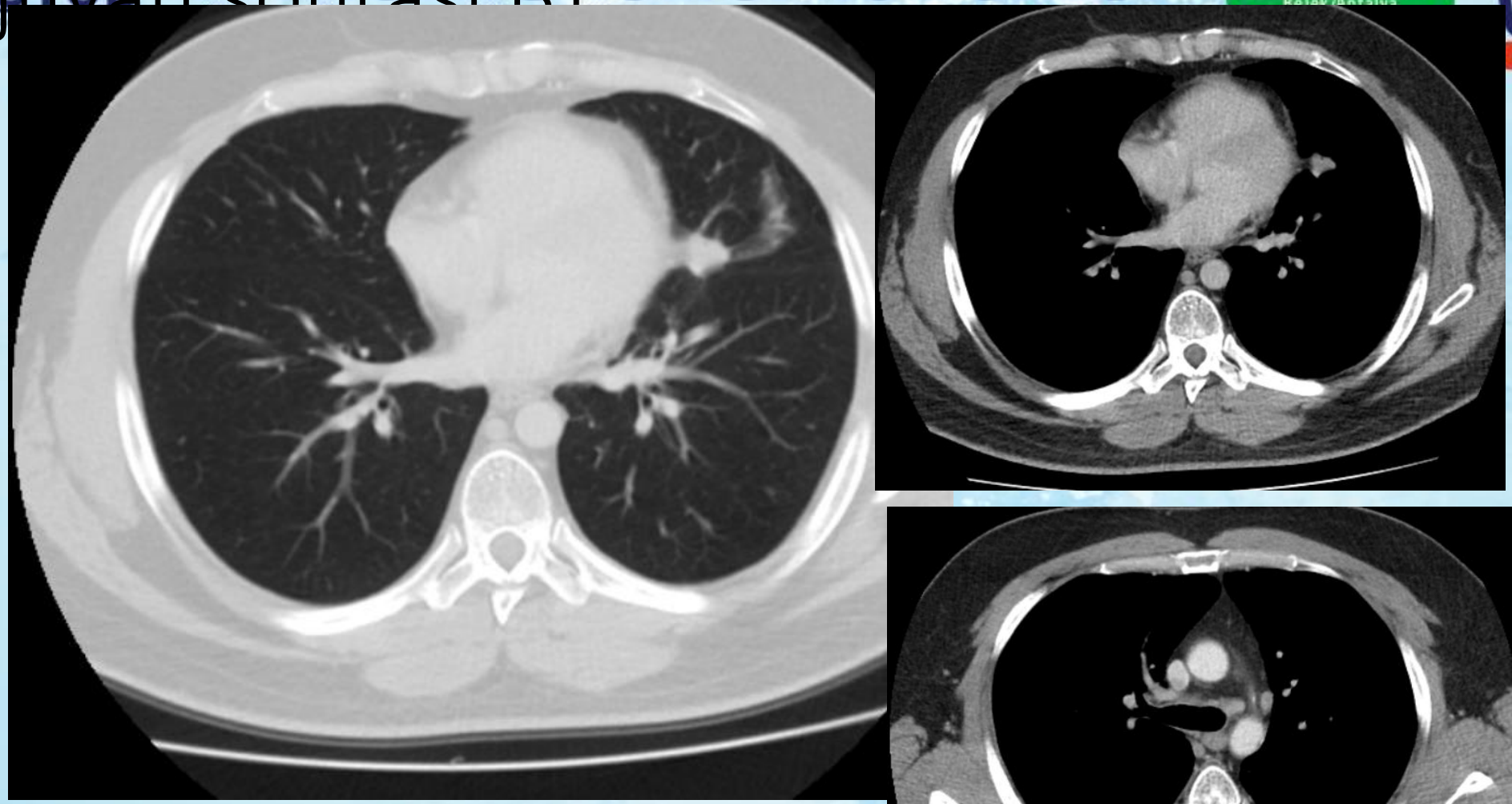


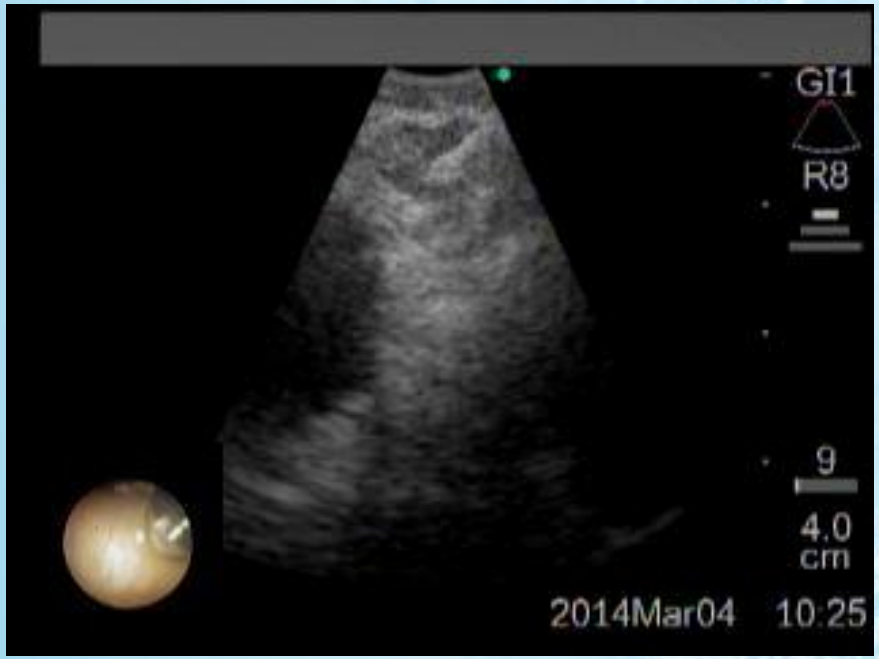

**Şekil 10. Evre 3B (T4, N2; T1-2, N3) tedavi algoritması**

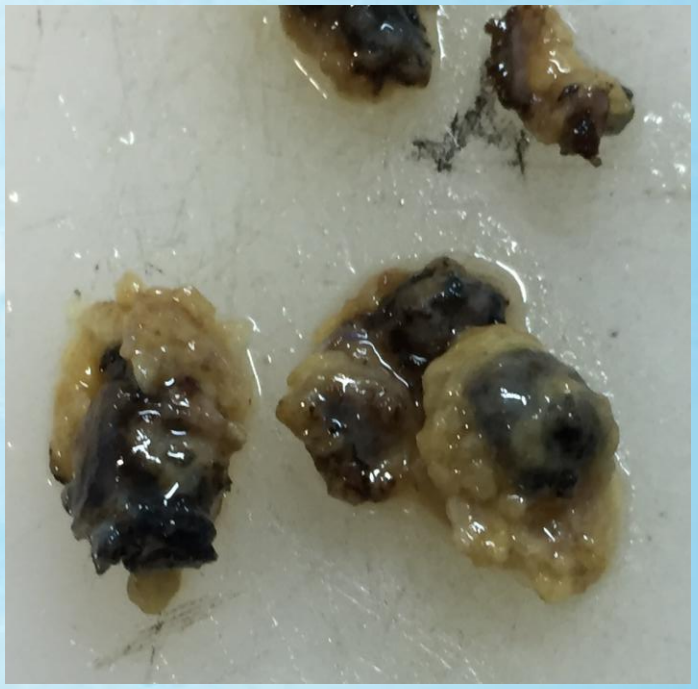
*[b,c] Bakınız Tablo 2*
*[c] Durvalumab tedavisinin ülkemizde henüz geri ödemesi yoktur.*

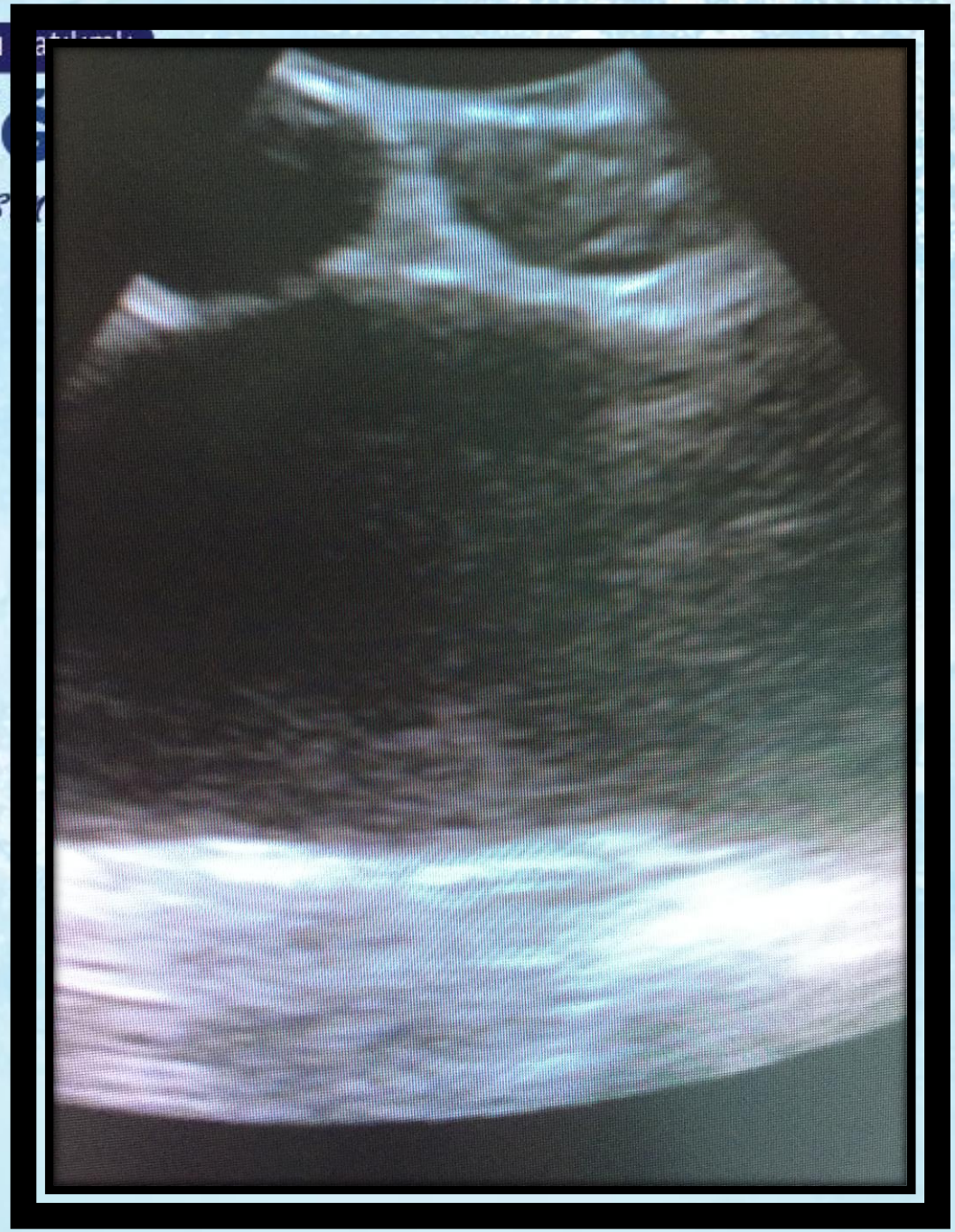
Göğüs hastalıkları uzmanları için akciğer kanseri tedavi algoritmaları 2019

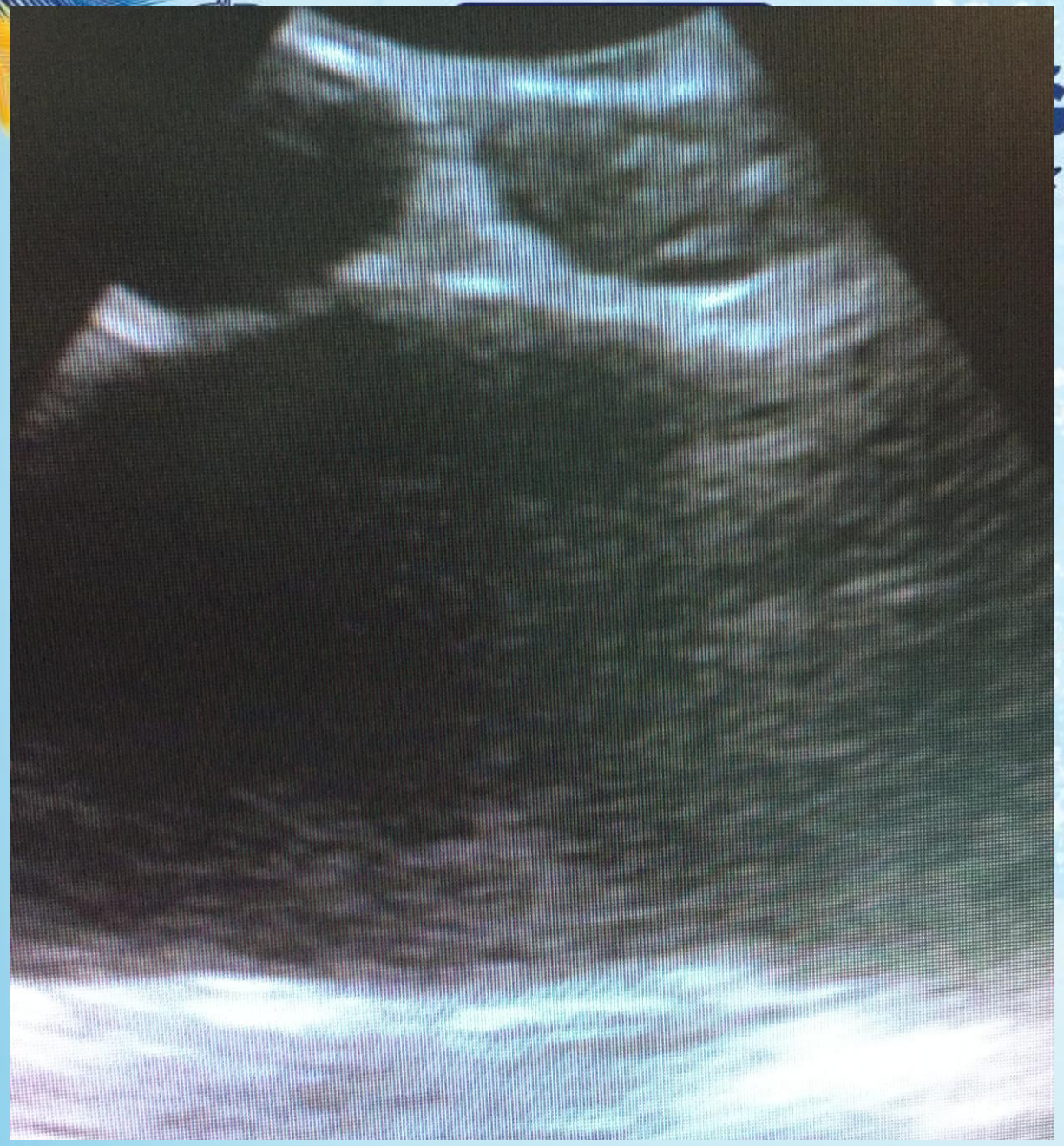
# Adjuvan sonrası BT

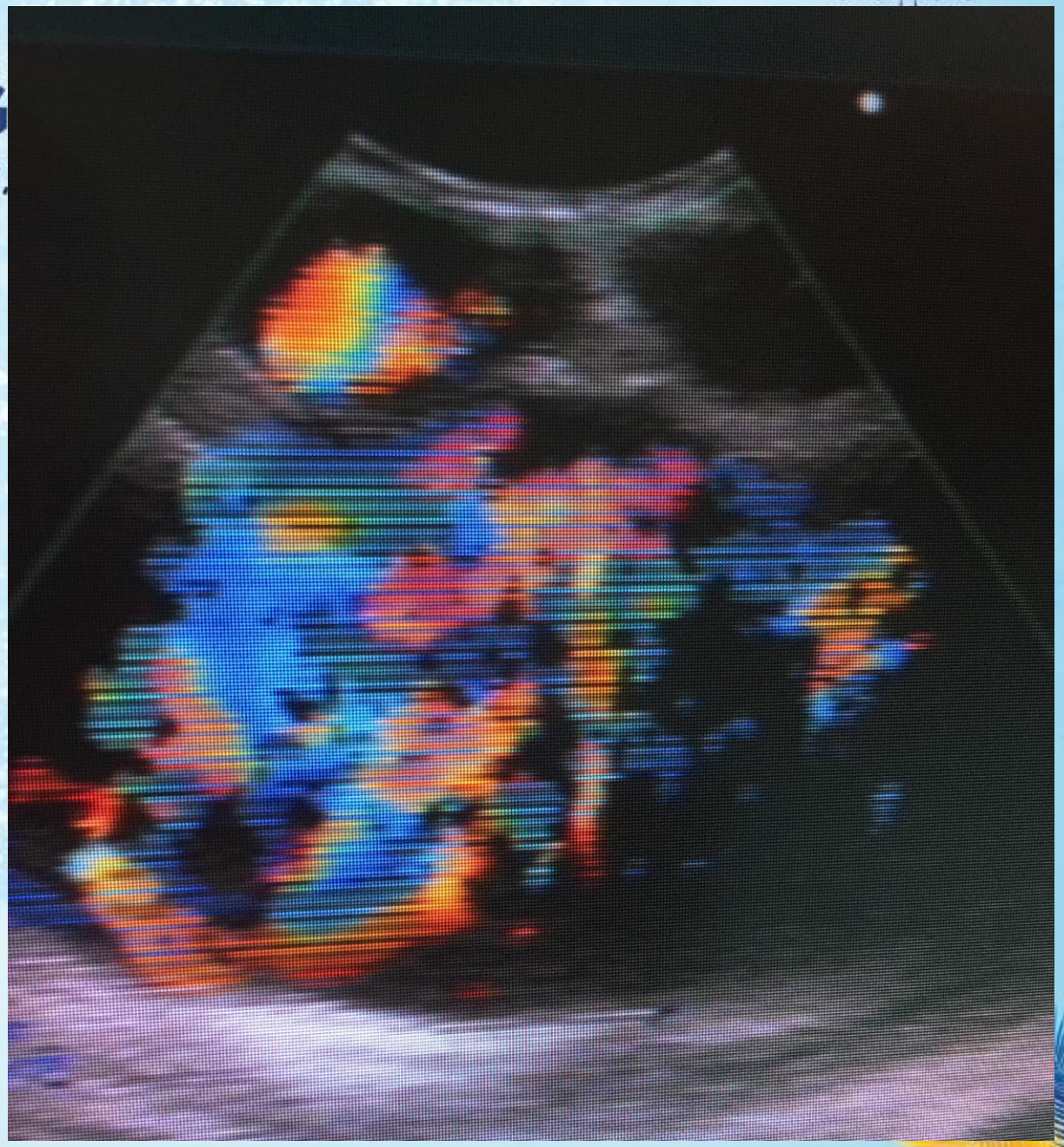


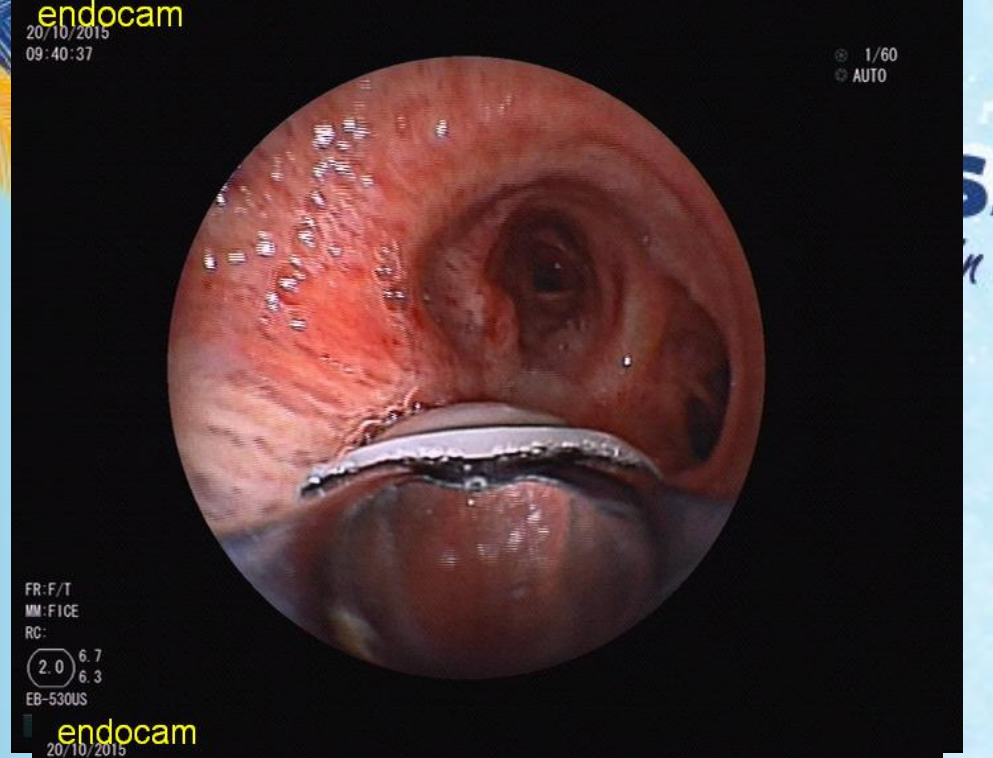

GI1
R8
9
4.0
cm
2014Mar04 10:25

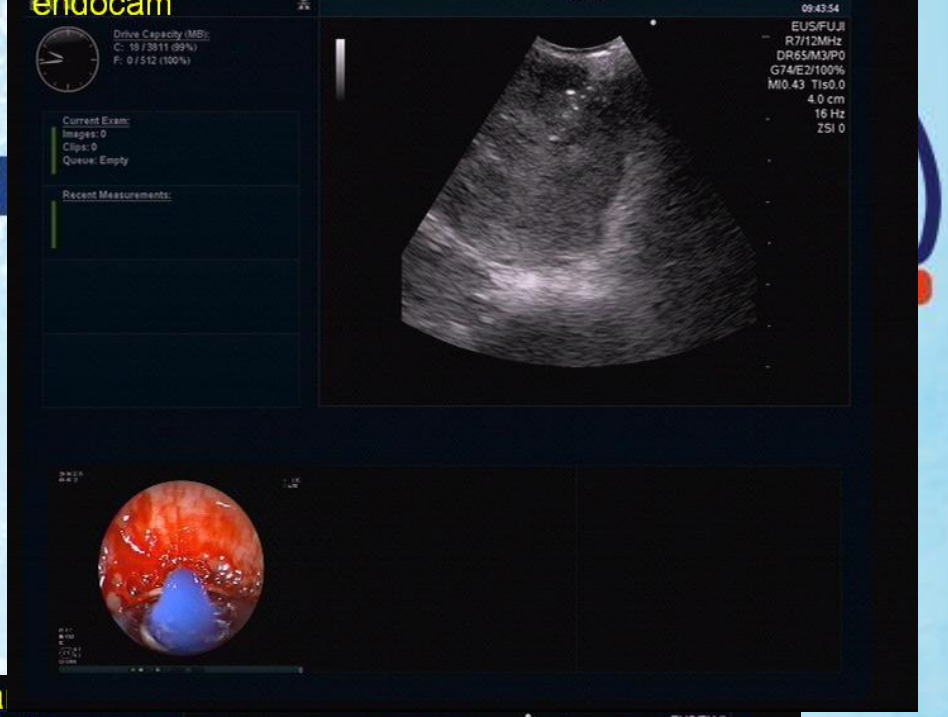


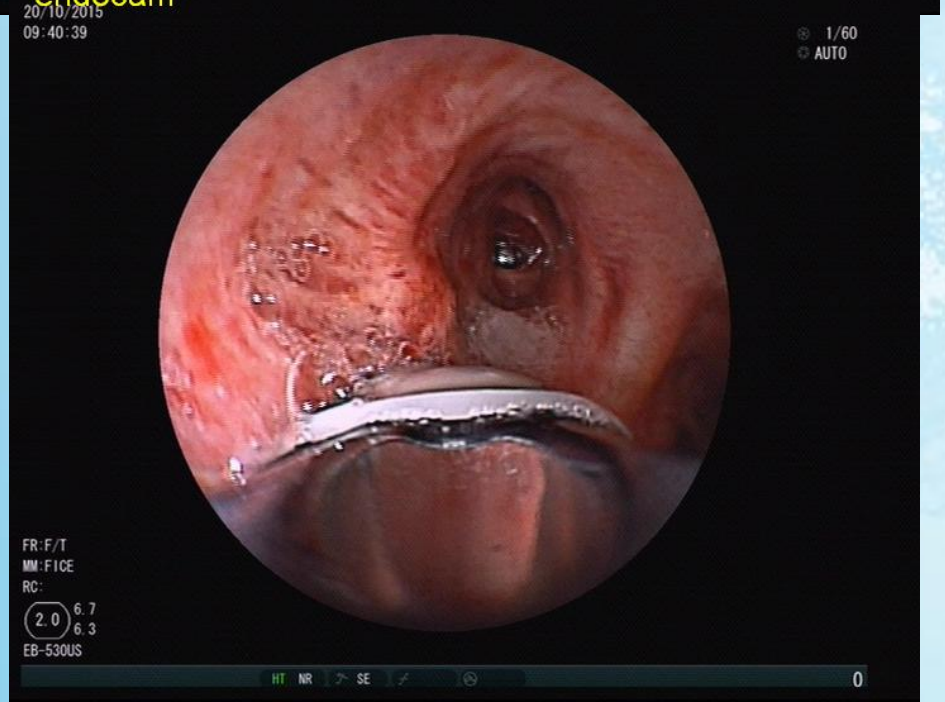


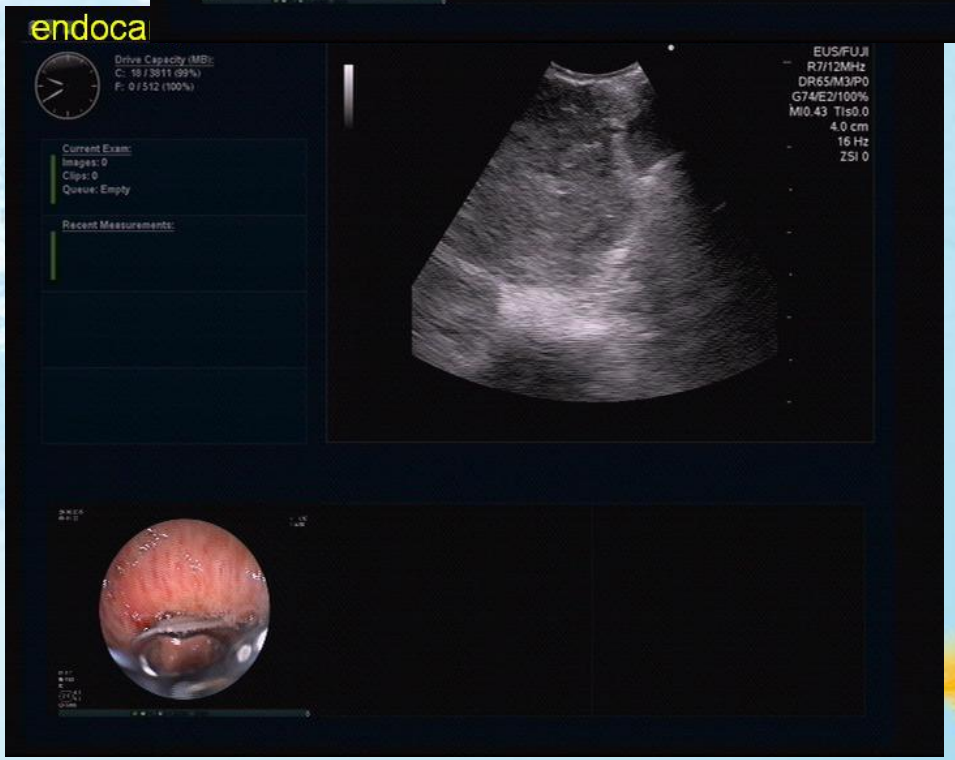


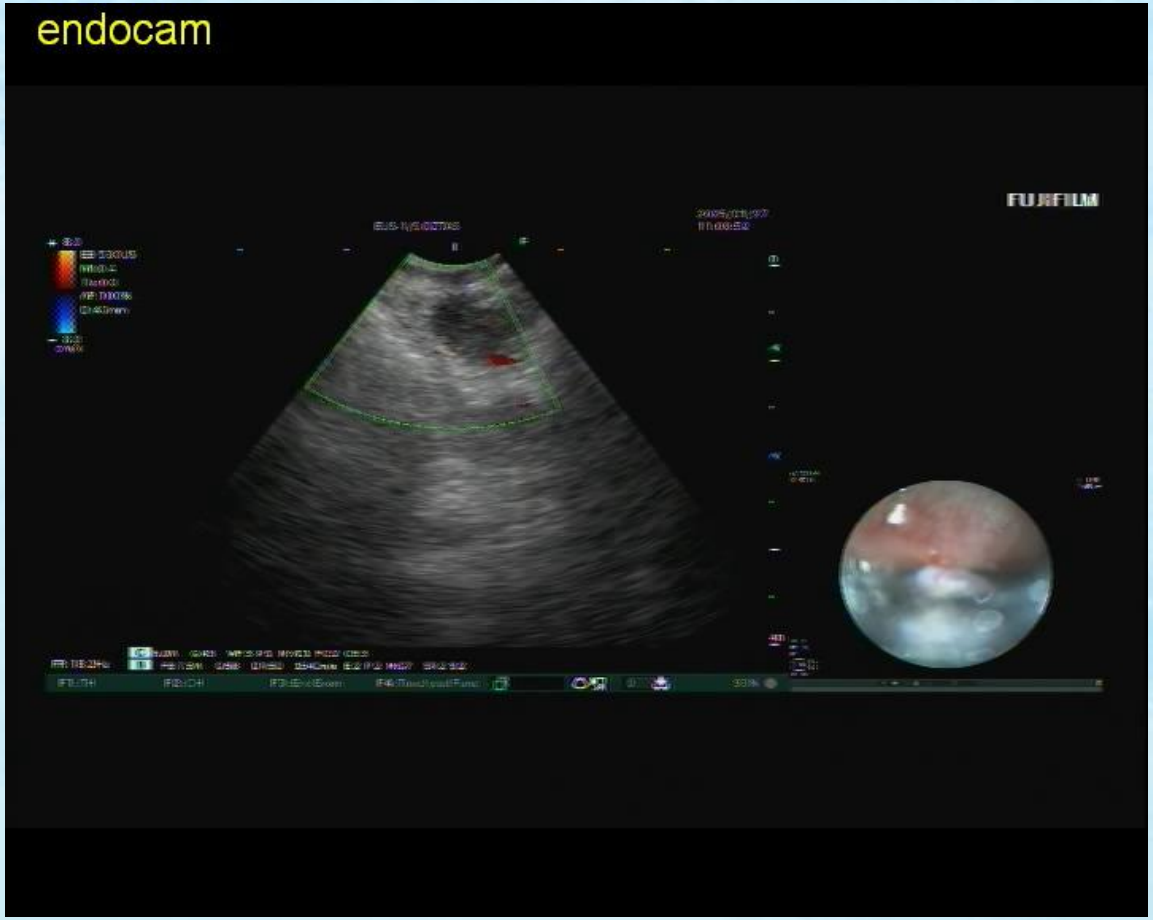


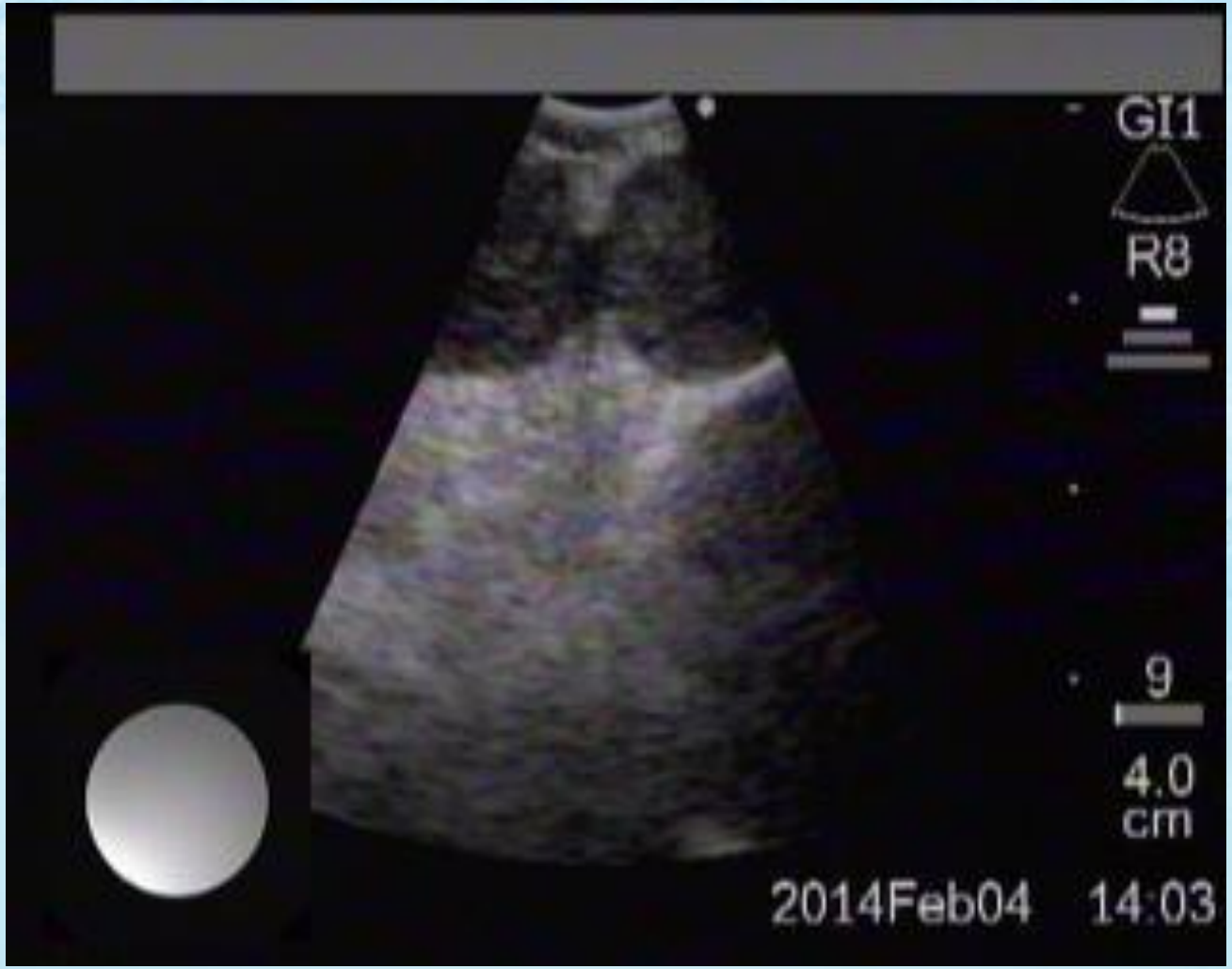

endocam
20/10/2015
09:40:37
1/60
AUTO
FR:F/T
MM:FICE
RC:
2.0
6.7
6.3
EB-530US

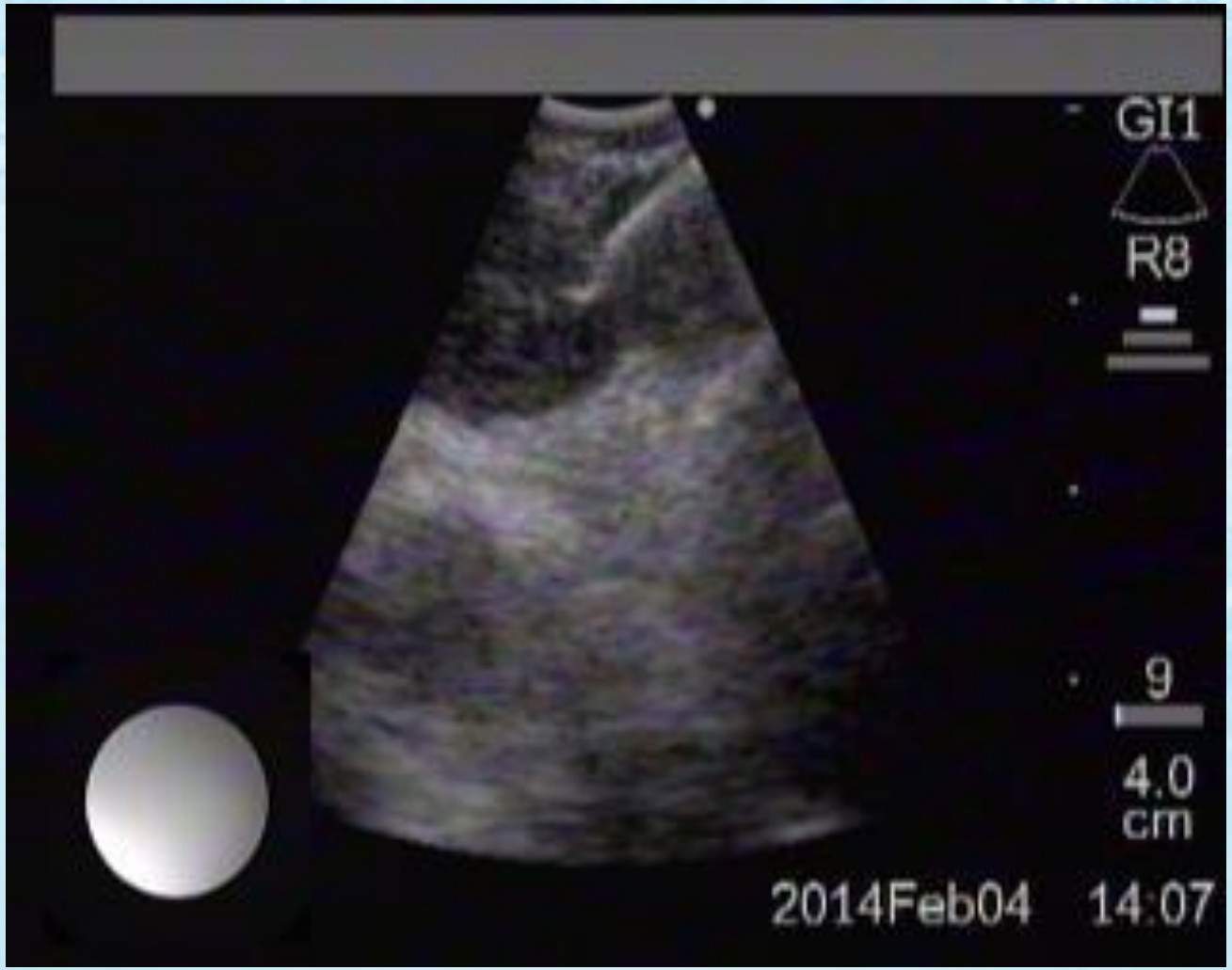

endocam
09:43:54
EUS/FUJI
R7/12MHz
DR65/M3/P0
G74/E2/100%
MI0.43 TIs0.0
4.0 cm
16 Hz
ZSI 0
Current Exam:
Images: 0
Clips: 0
Queue: Empty
Recent Measurements:


endocam
20/10/2015
09:40:39
1/60
AUTO
FR:F/T
MM:FICE
RC:
2.0
6.7
6.3
EB-530US
HT NR SE
0

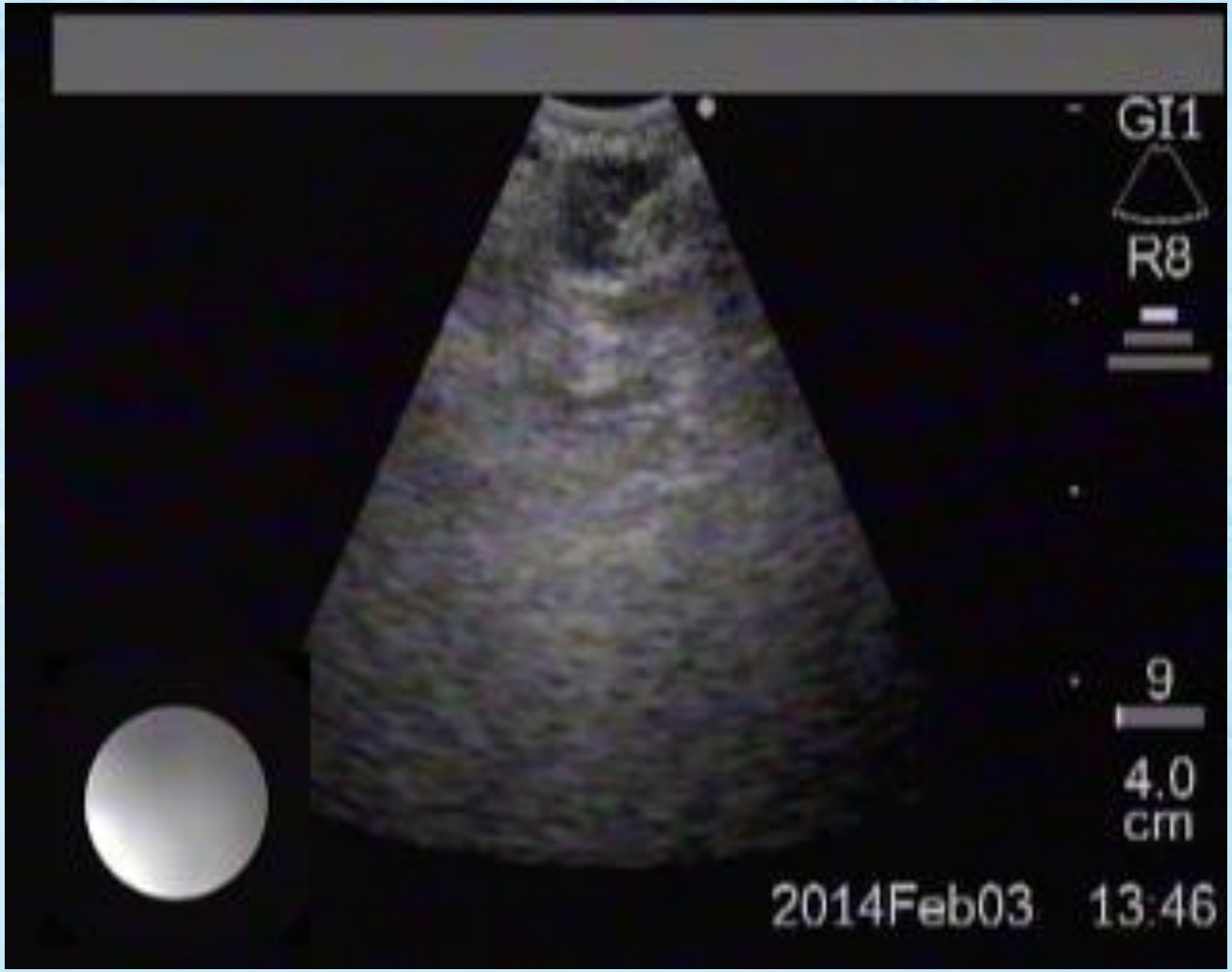

endoca
EUS/FUJI
R7/12MHz
DR65/M3/P0
G74/E2/100%
MI0.43 TIs0.0
4.0 cm
16 Hz
ZSI 0
Current Exam:
Images: 0
Clips: 0
Queue: Empty
Recent Measurements:


endocam
FUJIFILM


GI1
R8
9
4.0
cm
2014Feb04 14:03


GI1
R8
9
4.0
cm
2014Feb04 14:07

Subsantim LAP dan iğne aspirasyon



# TEŞEKKÜRLER