

Resectable Lung Cancer

- Clinical stages I-IIIA may be resectable
- CT for evaluation of lesion size, morphology, and location in relation to pleura, mediastinum, chest wall, and carina
 - Lymph nodes > 1 cm in mediastinum or > 1.2 cm in subcarinal region suspicious for metastases
 - Evaluation of pleura for effusion &/or thickening
 - Evaluation for distant metastases
- CT Modality of choice in initial evaluation of pulmonary nodule
- PET/CT
 - Modality of choice for initial clinical staging

Unresectable Lung Cancer

- **T4:** Invasion of mediastinal structures, vertebral body, tumor nodule(s) in separate ipsilateral lung lobe
- **N3:** Metastases to scalene, supraclavicular, contralateral mediastinal, or contralateral nodes
- **M1:** Metastatic disease
 - M1a: Tumor nodule(s) in contralateral lung, malignant pleural effusion/nodule, malignant pericardial effusion
 - M1b: Distant metastasis
- **CECT**
 - Modality of choice for characterization and initial staging
- **PET/CT & MR**
 - Optimal for detecting specific metastases

Lung CA Staging

- T1
 - ≤ 3 cm
- T2
 - > 3 cm
 - > 2 cm from carina
- T3
 - Any size
 - If in bronchus but < 2 cm of carina
 - Atelectasis of Entire lung
 - Invades Chest wall, Parietal Pleura, Mediastinal Pleura, Diaphragm, Pericardium
 - Chest wall Pain is best predictor of T3!
- T4 (nonresectable)!
 - Any size
 - Invades Major mediastinal structures
 - eg anything you can't resect
 - Heart, Great Vessels, Trachea, Gus, Vertebra, Brachial Plexus
 - Malignant Effusion
 - Satellite Nodule in SAME LOBE
- N1
 - Ipsilateral HILAR
- N2
 - Ipsilateral MEDIASTINAL or
 - Subcarinal
- N3 (nonresectable)!
 - CONTRALATERAL Hilar or Mediastinal
- M1
 - Positive mets
 - Satellite nodule in different lobe

Lung CA Staging

- Stage 1
 - T1-2 N0M0
- Stage 2
 - IIA T1N1M0
 - IIB T2N1M0, T3N0M0
- Stage 3
 - A
 - Sometimes resectable
 - T3,N1,M0
 - Any T,N2,M0
 - B (Key)
 - Unresectable
 - (Any T)N3M0, T4(any N)M0
- Stage 4
 - Mets

■ Unresectable

–T4

–N3

–M1

