PORT for NSCLC – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

Your name: _____
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1. Which of the following would qualify as grade 3 pneumonitis by CTCAE criteria
   A) Scarring in lung parenchyma on chest CT
   B) New shortness of breath but still able to engage in normal activity
   C) Admitted for intubation and ventilation
   D) New shortness of breath requiring 2 L/min supplemental oxygen

2. Which of these is an indication for postoperative radiation therapy?
   A) Positive hilar lymph nodes on pathology
   B) Surgical margin microscopically positive
   C) T3 stage tumor
   D) Squamous cell carcinoma with >30 pack year smoking history

3. What is the recommended radiation dose for postoperative radiation therapy for pN2 disease and negative margins?
   A) 54 Gy in 3 fractions with stereotactic technique
   B) 41.4 Gy in 23 fractions
   C) 50 Gy in 25 fractions
   D) 66 Gy in 33 fractions

4. What is the recommended radiation dose for postoperative radiation therapy for the hilar stump in the case of positive microscopic margins?
   A) 54 Gy in 3 fractions with stereotactic technique
   B) 50 Gy in 25 fractions
   C) 50.4 Gy in 28 fractions
   D) 60 Gy in 30 fractions

5. Which of the following is true regarding published data for adjuvant postoperative therapy in NSCLC?
   A) The PORT meta-analysis published in the Lancet in 1998 described a 5% overall survival benefit at 5 years for postoperative radiation therapy.
   B) The ANITA trial results suggested increased survival for patients with stage pN2 with the addition of adjuvant radiation therapy versus adjuvant chemotherapy alone.
   C) The ANITA trial results suggested increased survival for patients with stage pN2 with the addition of adjuvant radiation therapy versus no adjuvant therapy.
   D) The ANITA trial results suggested adjuvant chemotherapy is not beneficial for patients with stage pN2.