



IRCCS
Istituto di Ricovero e Cura a Carattere Scientifico
Sacro Cuore - Don Calabria
Ospedale Classificato e Presidio Ospedaliero Accreditato
Regione Veneto



Incontri di aggiornamento del Dipartimento Oncologico

Responsabile Scientifico:
DOSSA STEFANIA GORI

Mercoledì 10 aprile
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SEDE: "Centro Formazione e Solidarietà"

IRCCS Sacro Cuore - Don Calabria
Via Don Angelo Sempreboni, 5 - 37024 Negrar di Valpolicella (VR)



IRCCS Ospedale
Sacro Cuore Don Calabria

PRESIDIO OSPEDALIERO ACCREDITATO - REGIONE VENETO



Cancer Care Center
Numero Verde
800 143 143
Numero per la Cura del Tumore

Sindrome mediastinica: dalla patogenesi alla gestione clinica

La gestione del paziente: il ruolo dell'oncologo

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Malignancy-related SVCS

1 NSCLC (up to 50%)

2 SCLC (up to 25%)

3 NHL (around 10%)

4 Other malignancies

thymoma, primary mediastinal germ cell neoplasms, mesotheliomas, solid tumors with mediastinal lymph node metastases (eg, breast cancer)

Diagnostic work-up

- **High level of suspicion (based on signs/symptoms)**

Edema (possibly cyanosis of face, neck and arms)

Dilated neck veins / increased number of collateral veins

Proptosis, obtundation, laryngeal edema, and stridor (severe cases)

Signs/Symptoms exacerbated by bending forward or lying down and improved with upright position

- **Contrast-enhancement Chest CT scan**

Defines level and extent of venous blockage

Identifies collaterals

Helps with etiologic diagnosis

- **Histologic diagnosis**

Crucial for stable patients with previously undiagnosed cancer (up to 60% of pts)

Ideally should be obtained before RTx

Sputum cytology

Pleural fluid cytology

Lymph node or mass biopsy

Additional work-up

- **Staging**

May provide information on the extent of disease and prognosis

- **Venography**

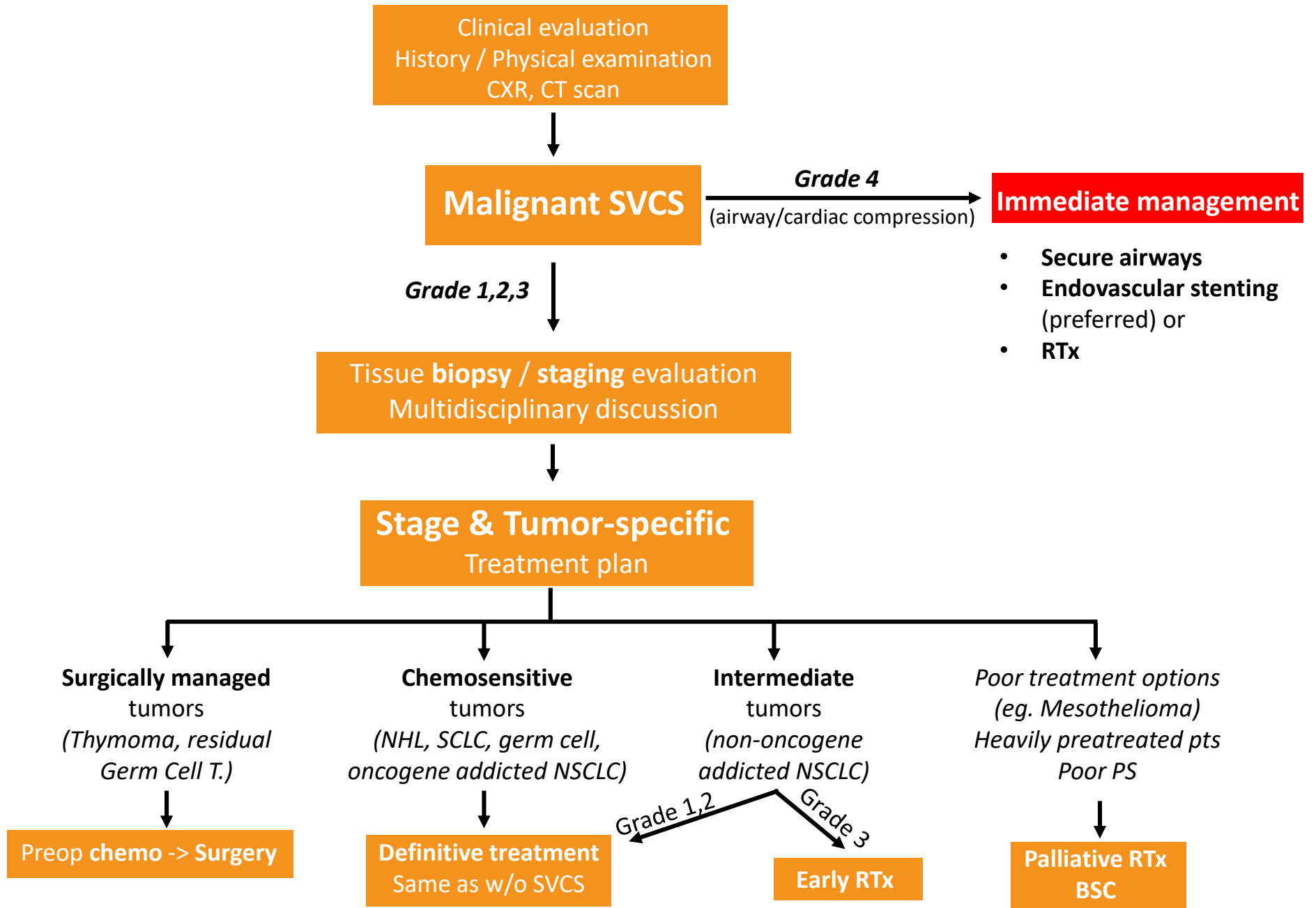
Useful when endovascular stenting is indicated

Grading system for SVCS

Grade	Category	Estimated Incidence (%)	Definition ^a

^a Each sign or symptom must be thought due to superior vena cava obstruction and the effects of cerebral or laryngeal edema or effects on cardiac function. Symptoms caused by other factors (e.g., vocal cord paralysis, compromise of the tracheobronchial tree, or heart as a result of mass effect) should be not be considered as they are due to mass effect on other organs and not superior vena cava obstruction.

Algorithm for the management of SVCS



SVCS in chemosensitive tumors

- A new diagnosis of SVCS is **not influencing the prognosis** of the underlying malignancy for these categories of malignancy.
- **Systemic therapy is the first line of treatment.** Symptomatic improvement occurs within one to two weeks. Chemotherapy should be administered through a dorsal foot vein or, in the case of antineoplastic vesicants (eg, anthracyclines), via femoral central venous access
- **Radiation therapy** alone is not indicated (unless the patient cannot tolerate chemotherapy), but it is **used as an adjuvant.**

SVCS in non-chemosensitive tumors

- SVCS is a **strong predictor of poor prognosis**, survival being limited to a median of 5 months in several case series.
- Radiation therapy is considered the mainstay of treatment** for SVCS symptoms because of the slow response to chemotherapy. Symptom improvement is generally noted in 48-72 hours. Relief of symptoms is obtained in up to four weeks (usually 2 weeks) and approximately 20% of patients do not obtain relief.

Adjuvant therapies

- **Steroids**

Useful for steroid-sensitive tumors (lymphoma, thymoma)

Indicated in case of emergent RTx (short course to reduce airway compression)

- **Diuretics**

Widely used to reduce edema, but no clear evidence of benefit

- **Anticoagulation**

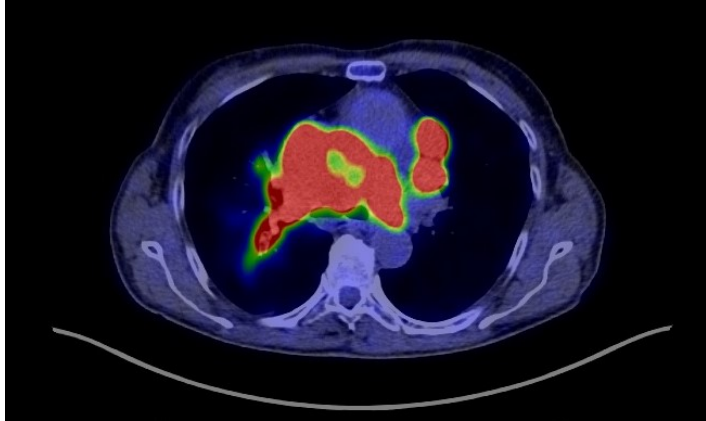
Plays a role for catheter related SCV thrombosis, less clear role in malignancy related SCVS

Should not be used as the only therapeutic intervention in case of malignancy

Full anticoagulation recommended after endovascular stenting

Example 1: SCLC

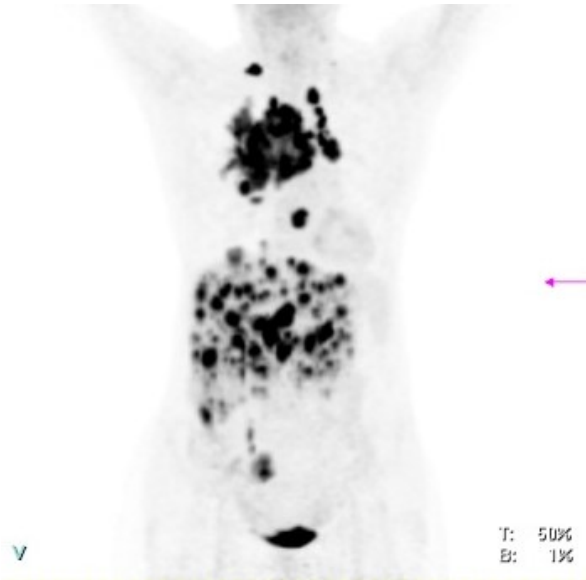
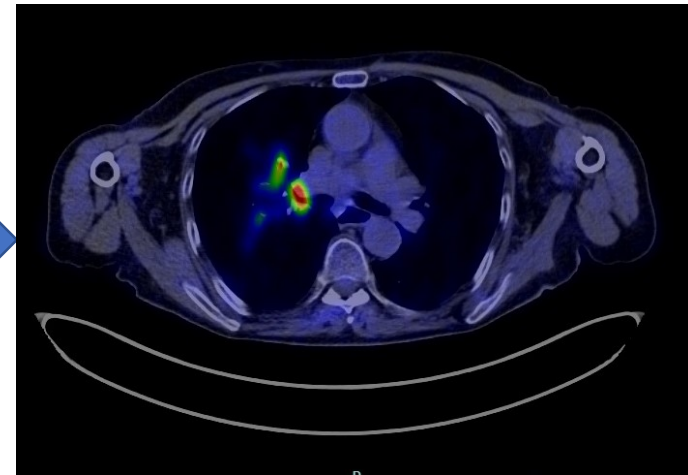
SCLC, extensive stage



CDDP/VP16



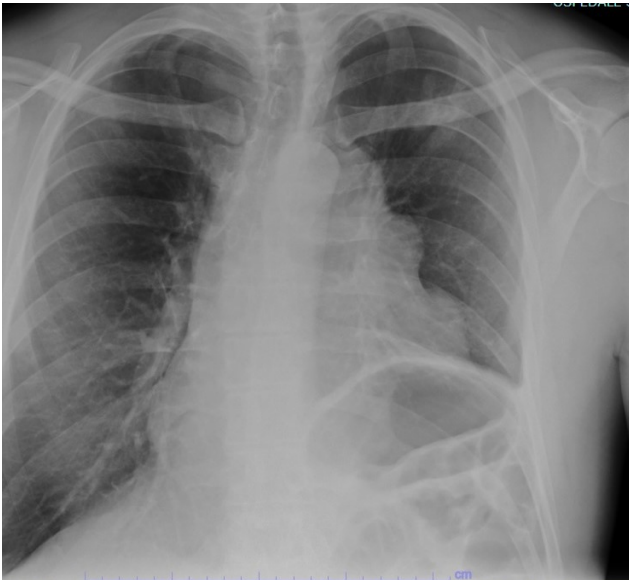
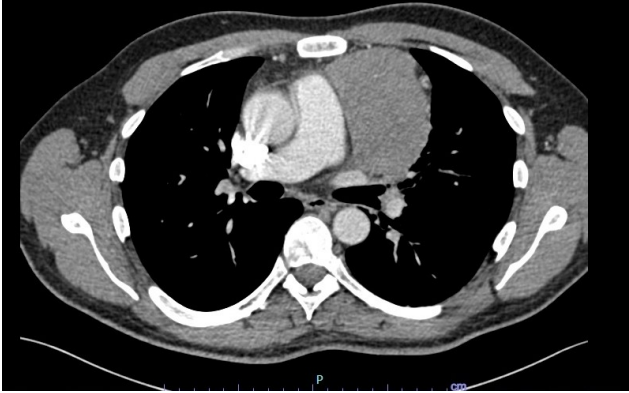
4 courses



Brain mets -> WBRT

Example 2: Thymoma

B3 Thymoma



CAP



4 courses



Surgery -> RT

Conclusions

- **Early recognition** is crucial
- Treatment depends on **severity**
- May represent an **emergency** (in severe/life-threatening cases)
- Requires a **mutlidisciplinary** approach
- For stable patients, **stage and tumor-specific** treatment plan
- **Systemic treatment** gold-standard **for chemosensitive tumors** only



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