**Template for APSR Teaching Case Vignettes**

(Example provided in Blue)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Unique identifier (this will be provided by the APSR Secretariat when the APSR member notifies of intention to submit a Teaching Case (generated by APSR website application) | | 00001 | |
| 2 | Assembly | | Lung Cancer | |
| 3 | Author | | Kwun Fong | |
| 4 | Author Institution | | XXXXX | |
| 5 | Author address line 1 | | XXXXX | |
| 6 | Author address line 2 | | XXXXXX | |
| 7 | Author City | | Brisbane | |
| 8 | Author Country | | Australia | |
| 9 | Author Postcode | | XXXXX | |
| 10 | Author email | | XXXXX | |
| 11 | Author contact telephone (country code) | | XXXXX | |
| 12 | Author fax(country code) | | XXXXX | |
| 13 | Author miscellanous | | XXXXX | |
| 14 | Date submitted to A\_Head | | Dd/mm/yy | |
| 15 | Date of A\_Head decision | | Dd/mm/yy | |
| 16 | A-Head decision (accept, reject, revise) | |  | |
| 17 | Date submitted to Edu\_Comm | |  | |
| 18 | Date of Edu\_Comm decision | |  | |
| 19 | Edu\_Comm decision (accept, reject, revise) | |  | |
| 20 | Secretariat Office notes | |  | |
| 21 | Title | Assessment of mediastinal nodes in lung cancer | | |
| 22 | Case / Issue | A 78 year old man with a history of silicosis and past smoking was diagnosed with a T1b 25mm LLL subpleural NSCLC NOS on TTNA. He is fit otherwise and considered suitable for curative intent treatment if early stage  His initial chest CT shows enlarged calcified mediastinal nodes measuring up to 2 cm bilaterally (CT image provided) | | |
| 23 | Question | What is the next optimal test for evaluating the nodal stage? | | |
| 24 | Response a | mediastinoscopy | | |
| 25 | Response b | CT-PET scan | | |
| 26 | Response c | EBUS TBNA of ipsilateral nodes | | |
| 27 | Response d | EBUS TBNA of bilateral nodes | | |
| 28 | Response e | None of the above | | |
| 29 | Submitter’s answer | Given the likelihood of high PET uptake in silicotic nodes (reference provided …..), EBUS TBNA of bilateral nodes is recommended to determine N status to decide on respectability or determination of radiation therapy | | |
| 30 | Reason for submitter’s answer |  | | |
| 31 | Comments, if any |  | | |
| 32 | References 1 |  | | |
| 33 | References 2 |  | | |
| 34 | References 3 |  | | |
| 35 | Key word 1 | Lung cancer | | |
| 36 | Key word 2 | TNM stage | | |
| 37 | Key word 3 | Mediastinal assessment | | |
| 38 | Image file 1 |  | | |
| 39 | Image file 2 |  | | |
| 40 | Image file 3 |  | | |
| 41 | Image file 4 |  | | |
| 42 | Date of expiry and Review | | |  |
| 43 | APSR use only – completed and checked by | | |  |
| 44 | Date of form completion | | |  |
| 45 | Date case added to library | | |  |