

“Eliminating Borders: STS/ACCP Multidisciplinary Evaluation of Pulmonary/Thoracic Issues”

February 27 — 28, 2009

The Resort at Squaw Creek, Lake Tahoe, CA

Overall Course Description

The Society of Thoracic Surgeons and the American College of Chest Physicians have joined together to collaborate on a course that is uniquely designed to involve both pulmonologists and thoracic surgeons in an exploration of difficult clinical issues faced by both specialties in the treatment of lung cancers and pleural effusion. The topics were chosen because they are common clinical problems for which the optimal management is evolving. The speakers represent many of the most knowledgeable pulmonologists and surgeons, who will provide a review of pertinent data, and collectively work to provide guidance with respect to these selected topics. The program is also designed to include audience participation in discussing actual clinical cases.

Overall Learning Objectives:

After participating in this educational activity, participants should be able to:

1. Review the role of less extensive treatments for subgroups of patients with lung cancer.
2. Define the appropriate treatment approach for marginal patients.
3. Review factors involved in developing a policy regarding mediastinal staging in clinical practice.
4. Develop algorithms for the diagnosis and treatment of simple and complex pleural effusions.

Friday, February 27, 2009

7:00 AM — 9:00 AM

Are All Lung Cancers Created Equal?

There is a renewed interest in exploring treatments for lung cancer that are less extensive than a lobectomy. This is fueled by the impression that there may be subgroups of patients for whom such an approach is justified, even if it is not appropriate for the “average” patient. This session explores what we know about the behavior of different subgroups of patients, as this forms the basis for considering a less extensive treatment.

Learning Objectives:

After participating in this educational activity, participants should be able to:

1. Define the natural history of untreated lung cancer.
2. Define the behavior of small lung cancers.
3. Define the behavior of lung cancers in older patients.

Friday, February 27, 2009	Are All Lung Cancers Created Equal?	
Time	Topic	Speaker
7:00 – 7:00 AM	Framing the Issues	Moderator: David E. Midthun, MD Mayo Clinic, Rochester, MN
7:05 – 7:20 AM	Is the Natural History of Lung Cancer Changing?	Frank C. Detterbeck, MD Yale University School of Medicine New Haven, CT
7:20 – 7:35 AM	Ground Glass Opacities: Candidates Wedge? RFA? Observation?:	David E. Midthun, MD Mayo Clinic, Rochester, M
7:35 – 7:50 AM	Does Size Matter: Sublobar Resection for <2 cm? <1 cm?	Mark S. Allen, MD Mayo Clinic, Rochester, MN
7:50 – 8:05 AM	Selection of Patients for Lesser (or no) Resection: PET? Elderly? CT screen detected? Carcinoid?	Robert J. Cerfolio, MD University of Alabama Birmingham, AL
8:05 – 9:00 AM	Case Presentations and Discussion	Moderator: David E. Midthun, MD

Friday, February 27, 2009

5:00 PM — 7:00 PM

Managing the Patient with Marginal Lung Function and Lung Cancer

As the average age of the population increases more patients with marginal lung function present for treatment of lung cancer. Management of this population requires special knowledge and consideration because of the increased risks of treatment in patients with poor pulmonary function. In the last 5 years new options have become available for therapy. This session's purpose is to review these options and discuss the proper application.

The course format is a combination of short, specific lectures by experts in the field followed by case presentations by the experts and the audience. Participants are encouraged to present difficult or interesting patients that they have recently encountered.

Learning Objectives:

After participating in this educational activity, participants should be able to:

1. Discuss the various types of pulmonary rehabilitations and their benefits.
2. Recognize the options, besides lobectomy, for surgical treatment of lung cancer including radiofrequency ablation.
3. Discuss the postoperative management of the patient with poor pulmonary function.

Friday, February 27, 2009	Managing the Patient with Marginal Lung Function and Lung Cancer	
Time	Topic	Speaker
5:00 – 5:05 PM	Framing the Issues	Moderator: Mark S. Allen, MD Mayo Clinic, Rochester, MN
5:05 – 5:20 PM	How Do You Define Marginal for Open Lobectomy, for VATS Lobectomy, or for Sublobar Resection?	Alberto L. De Hoyos, MD Northwestern Memorial Hospital Chicago, IL
5:20 – 5:35 PM	Preoperative Preparation (Rehab, Smoking, Bronchodilators): How Good Is It?	Lynn T. Tanoue, MD Yale School of Medicine New Haven, CT
5:35 – 5:50 PM	Ablative Therapies How Much is Meat and How Much is Hype?	Jessica S. Donington, MD NYU Medical Center New York, NY
5:50 – 6:05 PM	Older Patients – Should We Change Our Approach?	Michael T. Jaklitsch, MD Brigham and Women's Hospital Boston, MA
6:05 – 7:00 PM	Case Presentations and Discussion	Moderator: Mark S. Allen, MD

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Saturday, February 28, 2009

7:00 AM — 9:00 AM

Evaluation of the Mediastinum

Staging of the mediastinum is crucial in patients with lung cancer to define the appropriate treatment. Significant advances have been made in radiologic imaging, real-time image guidance for needle aspiration, and mediastinoscopy. Nevertheless, many issues remain regarding technical details and the penetration of true expertise in these techniques. As a result, confusion and controversy surround how the advances are to be integrated into an evidence-based standard policy. The session will discuss these issues so that participants will be better able to define an appropriate algorithm of care in their community.

Learning Objectives:

After participating in this educational activity, participants should be able to:

1. Review the objective data regarding outcomes of various staging techniques.
2. Develop a rational evidence based policy for staging that is appropriate for their medical community

Saturday, February 28, 2009	Evaluation of the Mediastinum	
Time	Topic	Speaker
7:00 – 7:05 AM	Framing the Issues	Moderator: Frank C. Detterbeck, MD
7:05 – 7:20 AM	Testing the Test: Sources of Bias and Confusion in Assessment of Diagnostic Tests	Frank C. Detterbeck, MD Yale University School of Medicine New Haven, CT
7:20 – 7:35 AM	Quality Issues – How Does This Affect the Staging Algorithm? (Imaging, Mediastinoscopy, EUS, EBUS)	Daniel J. Boffa, MD Yale University School of Medicine New Haven, CT
7:35 – 7:50 AM	Learning Curve – How Well Can New Technologies Be Disseminated?	Gerard A. Silvestri, MD (not confirmed)
7:50 – 8:05 AM	Are All PETs the Same (Mobile, CT/PET, Tertiary vs. Primary Hospital)?	Hubert Vesselle, MD, PhD University of Washington Medical Center Seattle, WA
8:05 – 9:00 AM	Case Presentations and Discussion	Moderator: Frank C. Detterbeck, MD

Saturday, February 28, 2009

5:00 PM — 7:00 PM

Pleural Effusions

Collections of fluid between the chest wall and lung are a common entity and often are difficult to diagnose and manage. Recently, there has been the development of a variety of new methods using new technology to manage patients with pleural effusions. Traditionally, a standard diagnostic pleurocentesis has been performed and probably is the most common method of diagnosis used today. The addition of ultrasound technology to localize the fluid improves the clinician's ability to obtain fluid and should be in the armamentarium of physicians who treat pleura effusions. Surgical management has evolved recently to placement of a soft catheter under local anesthesia or using minimally invasive technology to diagnose and treat effusions.

The course format is a combination of short, specific lectures by experts in the field followed by case presentations by the experts and the audience. Participants are encouraged to present difficult or interesting patients that they are or have recently treated.

Learning Objectives:

After participating in this educational activity, participants should be able to:

1. Describe the indications and technique of diagnostic pleurocentesis.
2. Discuss the indications and methods of the Pleurx catheter as well as VATS talc.
3. Realize the potential advantages of using ultrasound guidance for draining effusions.
4. Practice using the various options for treating a pleural effusion by case presentations.

Saturday, February 28, 2009	Pleural Effusions	
Time	Topic	Speaker
5:00 – 5:05 PM	Framing the Issues	Moderator: Gerard A. Silvestri, MD (not confirmed)
5:05 – 5:20 PM	Tips on Taps: Maximizing the Diagnostic Capabilities of Thoracentesis (Malignant Effusion, Tap How Often, Role of Markers)	G. Silvestri or Rex Yung
5:20 – 5:40 PM	Malignant Effusion: Pleurx vs. VATS Talc	Joseph Friedberg, MD Presbyterian-University of Pennsylvania Medical Center Philadelphia, PA
5:40 – 6:05 PM	Empyema: Pigtail, TPA, VATS vs. Open Decortication	David Feller-Kopman, MD The Johns Hopkins Hospital Baltimore, MD
6:05 – 7:00 PM	Case Presentations and Discussion	Moderator: Gerard A. Silvestri, MD