

# Management of mediastinal tumors

Chest pain / breathlessness

Chest x-ray

Solid mass/ Persistent symptoms

Testicular examination  
CBC with peripheral smear  
CECT scan thorax and guided biopsy  
Tumor markers (AFP,  $\beta$ -HCG, LDH)  
USG Testes PET-CT (for PNET, lymphomas)

Germ Cell Tumors (GCT)

Neurogenic tumor

Thymoma/Thymic Ca

Lymphoma

Surgery

Evaluate for Para-neoplastic syndromes

Chemotherapy +  
+/- Radiation

Seminoma /  
Non -seminoma GCT

Teratoma

Resectable

Unresectable

Chemotherapy

Surgery

Surgery

Definitive  
chemoradiation

Residual mass

Borderline  
resectable

Reassess for surgery

Seminoma

NSGCT

Chemotherapy -  
reassess for  
surgery vs CRT

Evaluate with PET  
If uptake

Post op RT: Stage II/ stage III  
(Capsular invasion or thymic  
carcinoma)

Surgery (resectable)  
Radiation (non-resectable)

Surgery (resectable)  
Second line chemo  
(Unresectable)