European School of Oncology

Eastern Europe and Balkan Region

Refresher Course on Lung Cancer

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Presenter:

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" True therapy at the right time in patient with lung cancer "

This is a case about 60-yr old man who presented with headache, fatigue and impaired vision in right eye that last for two weeks (March 2018). Because of the symptoms the patient was hospitalized at the department of neurology. The patient is a current non-smoker with a 20-pack-year history. His past medical history includes only a hypertension diagnosed 1 year ago , witch is well-controlled on losartan. EF% of the heart was 55% and ECOG PS=0/1.

The CT of the brain was done: it demonstrated a mass (1,5 sm) in right occipital lobe with small associated edema highly suspected for metastatic deposite. Brain MRI receald two additional lesions in right frontal and occipital lobes (8mm and 5mm).The full body scan was done: it revealed a left lower lobe lung mass (3 sm) and ipsilateral mediastinal lymphadenopathy. The PET (FDG) scan was done and revealed increased FDG uptake in the primary right lower lobe mass, mediastinum and in 5-7 th right rib. Bronchoscopy with biopsy of the lung mass was done and the histopathological diagnosis was: adenocarcinoma of the lung (TTF-1 was positive). Genetic testing for driver mutations (EGFR, ALK, BRAF V600E, ROS1) was negative. PD-L1 testing by IHC showed expression in 15% of the cells.

So the patient was diagnosed with Stage IV NSCLC adenocarcinoma with no driver mutations.

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Treatment decision was first to treat the brain metastases and the patient was treated with SRS for brain metastases. Two weeks after that follow up MRI scan showed no evidence of brain metastases.

The decision was for another CT scan of the lung that showed progress of the mass in the lung with contralateral mets in upper lobe and ipsilateral mediastinal lymph node swelling (May 2018).

The patient was started with first line chemotherapy with carboplatin/paclitaxel and bevacizumab. Intermittent CT scans after second and after fourth cycle were done and revealed stabile disease , but the patient started to get into anemia and the symptoms of neuropathy so the chemotherapy was stopped and he was set on the continuation maintenance therapy with bevacizumab.(July 2018)

The patient's last CT of the chest (December 2018) after eight cycles of maintenance therapy revealed disease progress in the chest , so the question was what next? The disease progression was detected when the patient still has good performance status. The decision for this patient was to set him on immunotherapy with pembrolizumab besides the PD-L1 was 15%.

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