Managing advanced NSCLC surfing through unexpected toxicities

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BACKGROUND

P.J.J. is a 62-year-old male with 20-pack-year smoking history.

In March 2021, he presented with a mass in the left lung. He was in good clinical conditions, with no relevant symptoms.

He was staged with PET-CT scan and brain CT scan. Two trans-bronchial needle aspirations of the mediastinal lymph nodes were performed but were inconclusive.

In March 2022, a follow-up CT scan showed progressive disease in the left clavicular and mediastinal lymph nodes. The patient was in good clinical condition, with ECOG Performance Status of 0.

LEARNING GOALS

Goal 1: Recognizing the currently approved first line treatments in advanced NSCLC and choosing the best treatment according to biomarker testing and patient’s history.


Goal 3: Optimizing the diagnostic workup for unexpected irAEs.

Goal 4: Managing subsequent treatments after ICI-related toxicity, in order to maximize benefits and minimize toxicity.
CURRENT PRESCRIPTIONS

- Atorvastatin 20mg once daily
- Fluoxetine 20mg one daily

COMORBIDITIES/MED HX

- Testicular seminoma (1990), radically treated with surgery and adjuvant chemotherapy (platinum, etoposide, and bleomycin.

OVERALL DIAGNOSIS

Poorly differentiated lung adenocarcinoma of the left lung (superior lobe). PD-L1 expression (SP263) <1%, KRAS Q61H mutation. EGFR, BRAF, ALK and ROS genes: no mutation found.

Pathological staging at diagnosis was IIIA, pT2pN2 (single lymph-node at station n. 5), according to TNM VIII ed.

Staging at relapse was stage rcTON3M0 (left-clavicular and mediastinal), according to TNM VIII ed.

TESTING

- Follow-up CT scan: Showed progressive disease in the left clavicular and mediastinal lymph nodes.
- PET CT confirmed the findings.
- Lab results: normal findings

INITIAL TREATMENT

- April 2021 - radical lobectomy and lymphadenectomy.
- RO resection was achieved and pathology revealed a poorly differentiated lung adenocarcinoma.
- Post-surgery, the patient received four cycles of adjuvant chemotherapy with carboplatin 5UAC and vinorelbine 25mg/sqm intravenously.
VISIT 1

PET SCAN
- Left lower lobe pulmonary hypermetabolic tumor with multiple left hilar, mediastinal bilaterally.
- Left supraclavicular adenopathies.

BRAIN MRI
- No metastases

BRONCHOSCOPY
- Budding lesion in a left basal sub segmental bronchus.
- Biopsy: squamous NSCLC of the left lower lobe: p40 positive, TTF1 negative, PD-L1 negative.

Want to learn more about this case?

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