Metastatic Typical Bronchial Neuroendocrine Tumor
- 65 years-old woman
- Not known comorbidities
- Retired, worked in textile industry
- ECOG PS 0

- August / 2011
  - Presented an asymptomatic solitary pulmonary nodule on **routine chest radiograph**
  - In an evaluation by internal medicine, she was diagnosed with **typical bronchial neuroendocrine tumor** by transthoracic needle biopsy
    - Immunohistochemistry: Synaptophysin +; NSE +; CgA +; TTF1 **inconclusive**.

![Fig. 1 – Chest radiograph](image1)

![Fig. 2 – CT scan: 69mm mass in the right middle lobe](image2)
○ November / 2011 - Referred to our institution
  – Chest CT Scan and 99mTc-HYNIC-TOC Scintigraphy: negative for metastatic disease

![Fig. 3 - 99mTc_HYNIC TOC: negative for metastatic disease](image)

○ February / 2012
  – ECOG PS 0; Asymptomatic;
  – Middle right lobectomy – Histology: Typical low-grade bronchial NET. Scare mitotic figures (<2 per 10 HPF), without necrosis – pT2pN0
  – MDT Decision: Posttreatment surveillance - Regular follow-up
November / 2013

- **Chest CT Scan**: Multiple nodular right pleural thickening; right pleural effusion; hilar and mediastinal adenopathy; D2 and D10 vertebral lesions; splenic and liver involvement (multiple liver metastasis)

Fig. 6

Fig. 4

Fig. 5

Fig. 7

Fig. 4, 5, 6, 7 – Chest CT Scan: metastatic lesions
December / 2013

- 68-Ga DOTATATE PET/CT: positive in pleuropulmonary, liver and bone lesions
January / 2014

- ECOG PS 0-1; Slight upper back pain; diarrhea;
- Disease recurrence;
- MDT Decision: Proposed treatment - Octreotide LAR (30mg) + Palliative chemotherapy with platinum-based regimen (Cisplatin plus Etoposide).

June / 2014

- Response assessment: Cisplatin plus Etoposide x 6 cycles; Octreotide x 5 cycles
  - ECOG PS 1; Alopecia, GII nausea; No other major toxicities;
  - Chest-abdomen CT Scan: Stable disease;
  - Proposed treatment: Maintenance treatment with Octerotide
February / 2015
- Recurrent episodes of bronchospasm → emergency care
- ECOG PS 1-2
- → Clinical progression(?)

April / 2015
- 68-Ga DOTATATE PET/CT: Disease progression
- Stopped octreotide after 16 cycles
May / 2015
- ECOG PS 1; Upper back pain; Mild respiratory symptoms
- MDT Decision: Peptide receptor radioligand therapy (PRRT)
  - 26/07/2015 until 18/12/2015
  - No major toxicities

April / 2016 - Present
- 68-Ga DOTATATE PET/CT: Partial Response → Regular follow-up;
  - Last observation in February/2017;
  - ECOG PS 0; Asymptomatic.
What is the right time to start chemotherapy?

Was the used chemotherapy regimen the best choice?

Rebiopsy?

Should we expect the antiproliferative effects of SSAs in bronchial NETs?

Next?...
Obrigado!!