

AMIN ALI, THE CHRISTIE NHS FOUNDATION TRUST

# Multiple modalities of treatment for Lung NET

- ⦿ 60 year old gentleman, no comorbidities
- ⦿ Initially presented with exertional dyspnoea for a few months (2013)

August 2013

CXR/CT thorax suggestive left lung tumour  
Bronchoscopy – atypical neuroendocrine tumour  
FDG-PET scan – left upper lobe lung lesion with no LN or metastasis  
  
Underwent left upper lobectomy (Sept 2013)

Well differentiated **atypical** lung neuroendocrine tumour,  
foci of necrosis, mitotic count 2/10 HPF, pT2bN0M0  
ki-67<10%

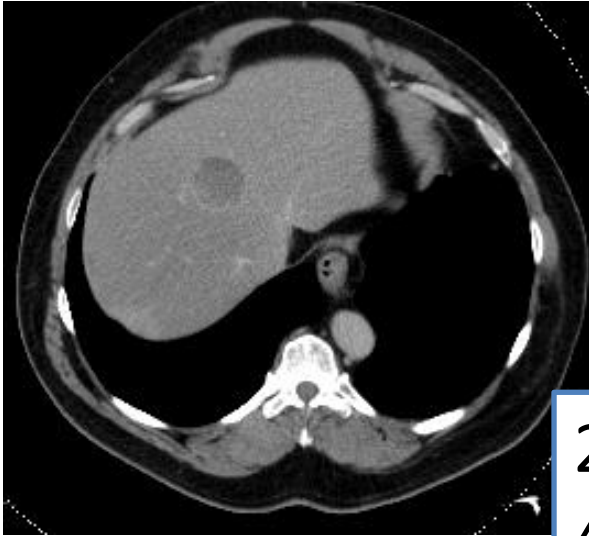
# 1 year later(Sept 2014)

- ◉ Flushing and diarrhea
- ◉ CT scan: spread to liver (bilobar) and multiple LN
- ◉ Liver biopsy: ki-67 30%, similar to lung tumour
- ◉ 5HIAA 1438, CgA 165
- ◉ 1<sup>st</sup> line treatment - Octreotide LAR 30mg

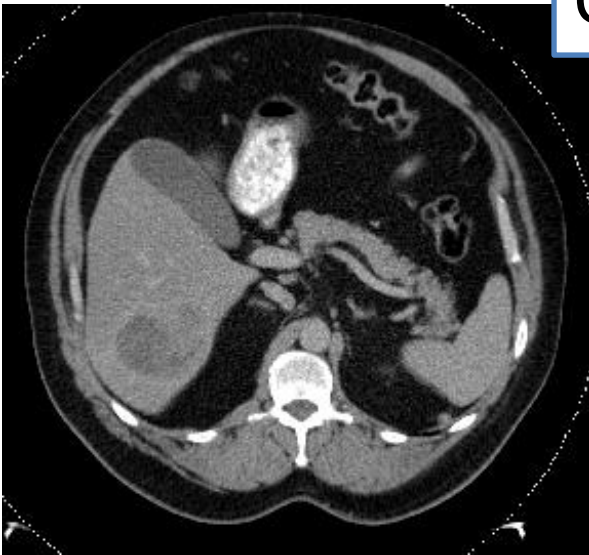
May 2015

**Tem/Cap**

Cont Oct LAR



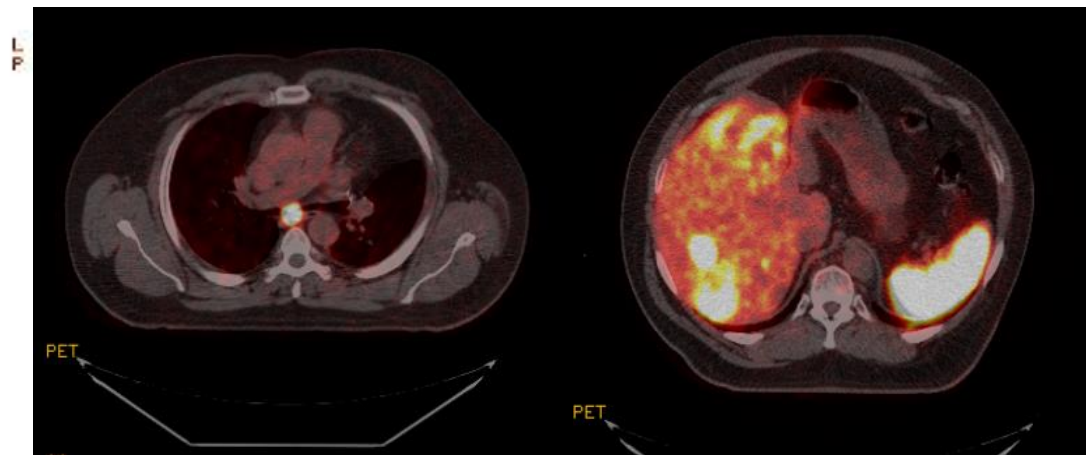
2<sup>nd</sup> line: Temozolomide/ Capecitabine for  
4 cycles (May-Aug 2015)  
Cont Octreotide LAR 30mg



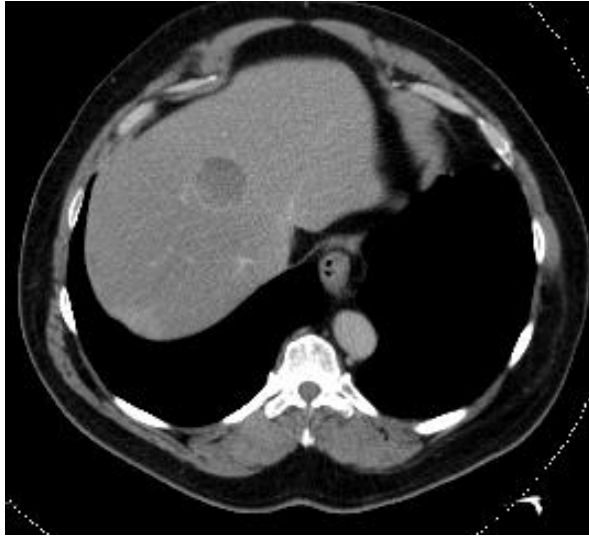
June 2015



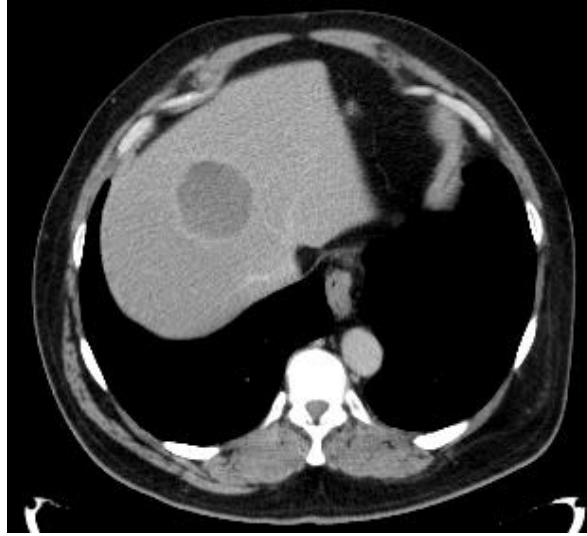
Ga68 DOTATE PET CT: Somatostatin receptor positive disease – bilobar of liver, multiple LN above and below diaphragm



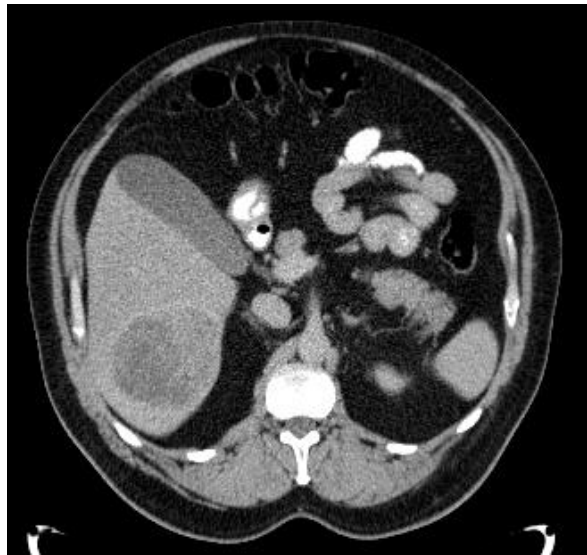
May 2015  
Tem/Cap  
Cont Oct LAR



Sept 2015  
**IFN-A**  
Cont Oct LAR



3<sup>rd</sup> line: IFN-alfa 3  
megaunits 3x/week  
Cont Octreotide LAR  
30mg (Sept 2015 -Jan  
2016)



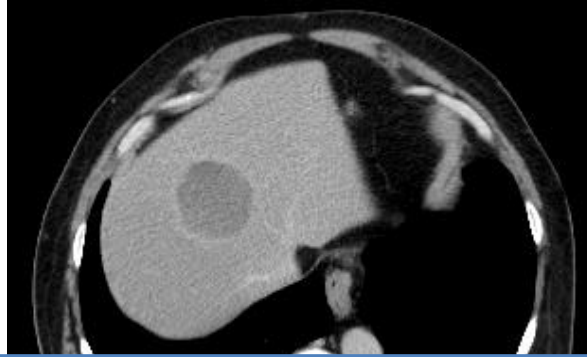
GRAM



May 2015  
Tem/Cap  
Cont Oct LAR



Sept 2015  
IFN-A  
Cont Oct LAR

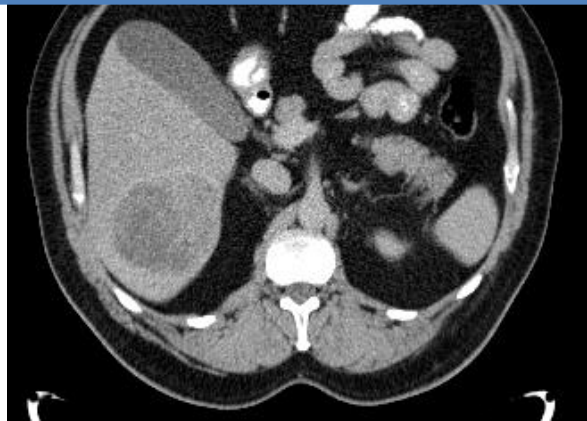
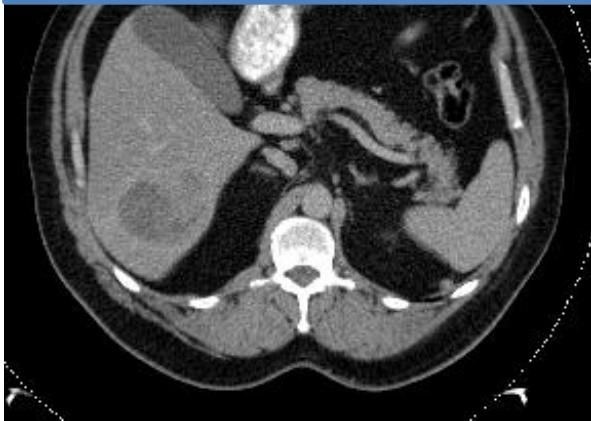


Feb 2016  
**Cis/Eto**  
Cont Oct LAR

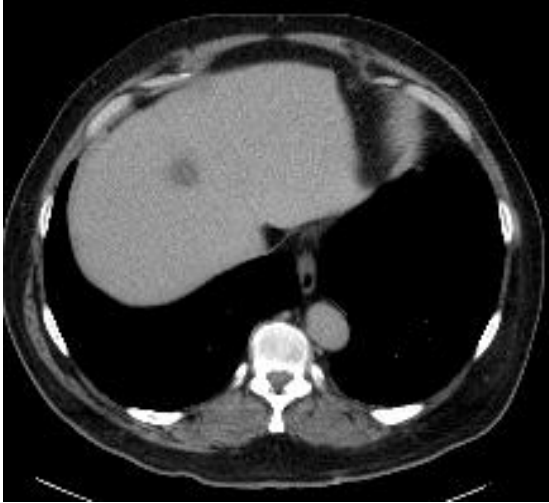


4<sup>th</sup> line: Cisplatin/Etoposide for 6 cycles  
Cont Octreotide LAR (Feb-June 2016).

CT scan after 2 cycles with partial response  
(58% reduction).



July 2016:  
**Strep/Cap**  
Cont Oct LAR



5<sup>th</sup> line: Streptozocin/Capecitabine

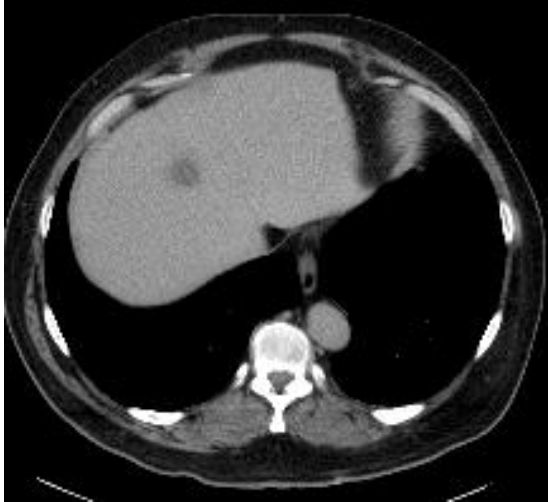
MDT discussion – if not well controlled  
for liver embolisation



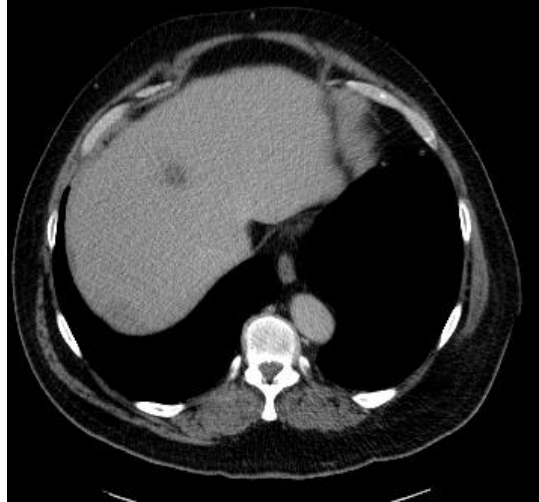
ESMO PRECEPTORSHIP PROGRAM



July 2016:  
Strep/Cap  
Cont Oct LAR



Oct 2016:  
**Carcinoid crisis**



CT TAP (Oct 2016): stable  
disease

Serum 5HIAA and CgA  
increasing trend

Carcinoid crisis: Symptoms  
not controlled well – 2  
admissions for diarrhea,  
flushing & poorly controlled  
BP



Octreotide infusion 800 -  
1200mcg/24h & Octreotide  
LAR 30mg q4weeks

GRAM

July 2016:  
Strep/Cap  
Cont Oct LAR

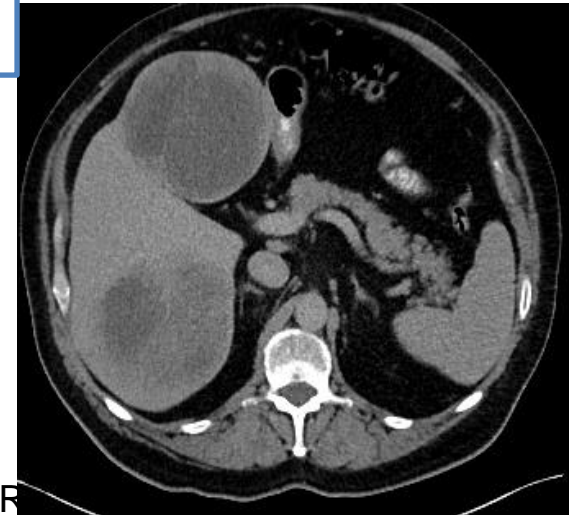
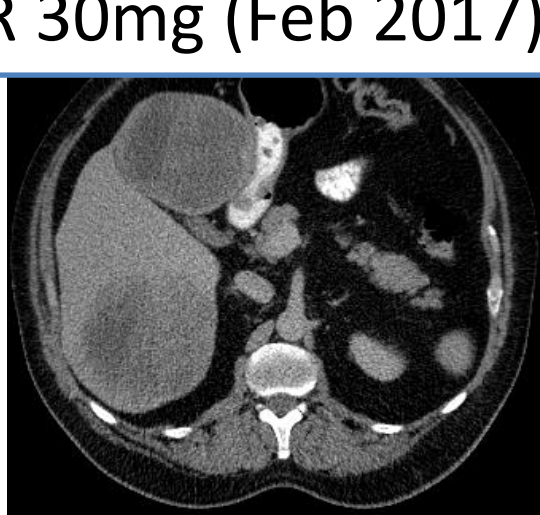
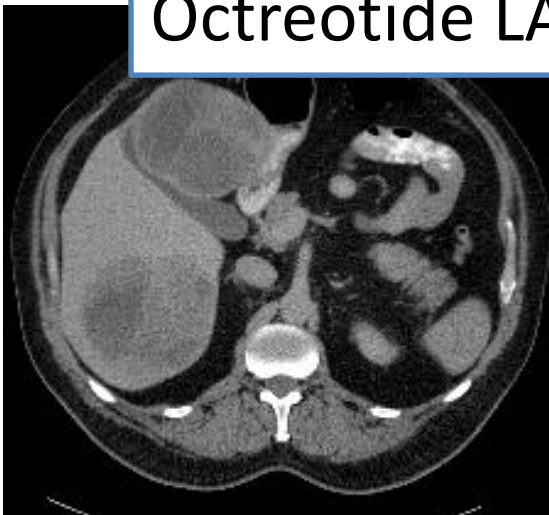
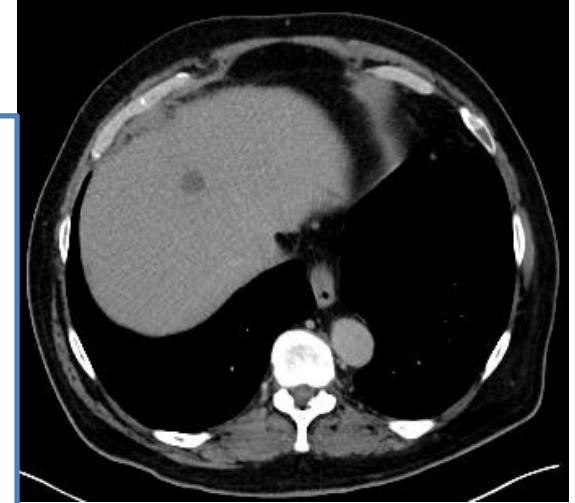
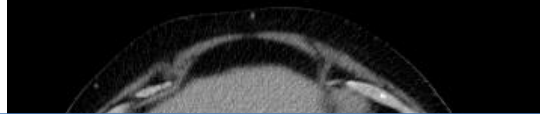
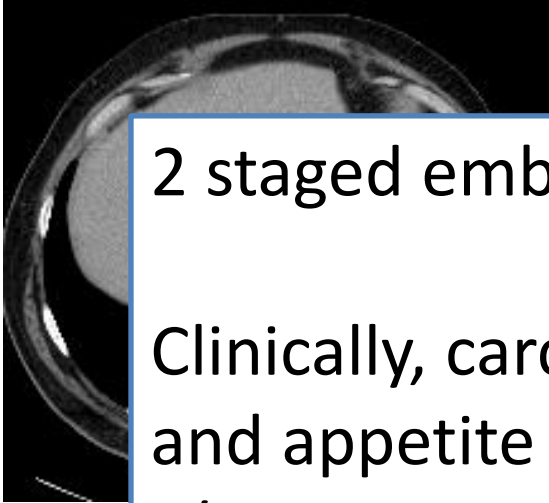
Oct 2016:  
Carcinoid crisis

Dec 2016:  
**Embolisation**  
Reduce Oct LAR

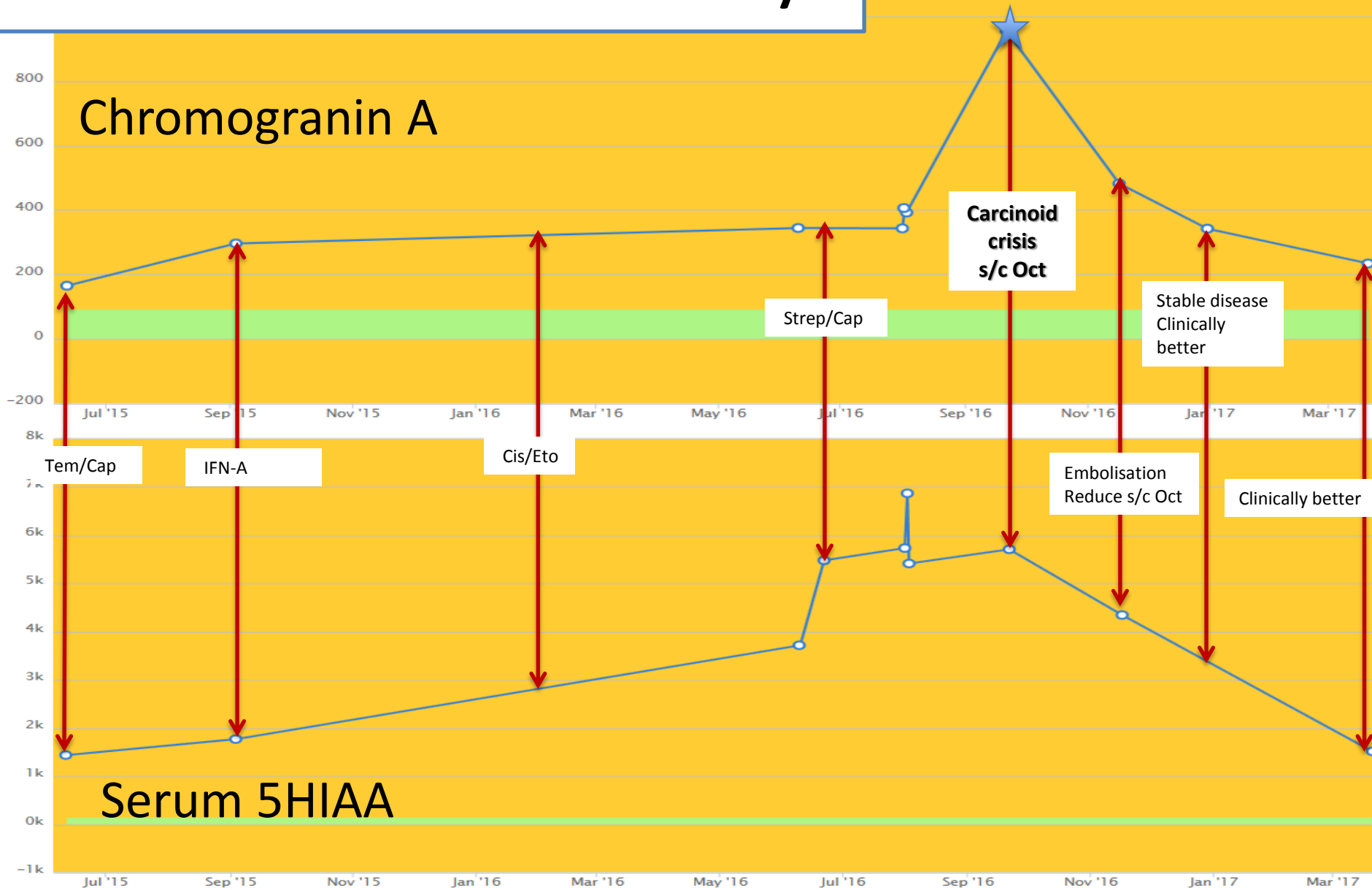
2 staged embolisation (Dec 2016)

Clinically, carcinoid symptoms  
and appetite improvement.

s/c Octreotide 600mcg/24h &  
Octreotide LAR 30mg (Feb 2017)



# Biochemical Summary



# Last seen in clinic 20 March 2017

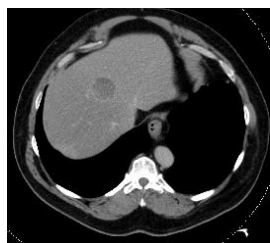
- ⦿ Back to full time work
- ⦿ Occasional flushing, short lived
- ⦿ CT scan which has shown an interval response in liver and marginal increase in right paracolic deposits, which we will monitor.
- ⦿ To continue the Octreotide LAR 30mg

# Treatment Summary

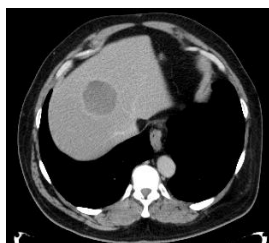
Dates	Lines	Treatment
Sept 2013	Surgery	Left upper lobectomy
Sept 2014	1 <sup>st</sup> line	Octreotide LAR
May-Aug 2015	2 <sup>nd</sup> line	Temozolomide/ Capecitabine Octreotide LAR
Sept 2015-Jan 2016	3 <sup>rd</sup> line	Interferon-alfa Octreotide LAR
Feb-June 2016	4 <sup>th</sup> line	Cisplatin/Etoposide
July-Oct 2016	5 <sup>th</sup> line	Strep/Capecitabine Octreotide infusion 800mcg/24h & Octreotide LAR
Dec 2016	6 <sup>th</sup> line	2 stage radioembolization
March 2016		Clinical improvement - stable disease, Octreotide LAR

# Radiological Summary

May 2015  
Tem/Cap  
Cont Oct LAR



Sept 2015  
IFN-A  
Cont Oct LAR



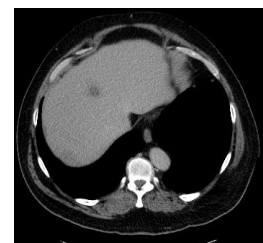
Feb 2016  
Cis/Eto  
Cont Oct LAR



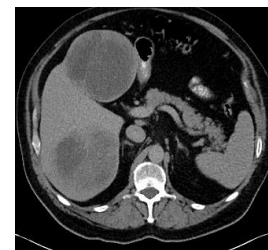
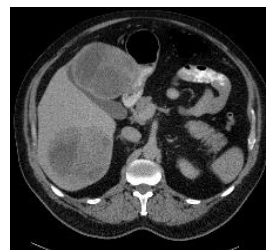
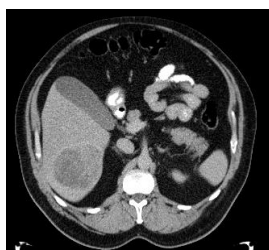
July 2016:  
Strep/Cap  
Cont Oct LAR



Oct 2016:  
Embolisation  
Reduce Oct LAR



Jan 2017: SD  
Clinically better





# Acknowledgement

- ◉ ESMO
- ◉ Dr Wasat Mansoor & Dr Zoe Kordatou
- ◉ And finally thank you all for your attention

Thank you all for your attention

Safe journey home!

