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)

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

1st line treatment - Octreotide LAR 30mg
May 2015

**Tem/Cap**

Cont Oct LAR

2\textsuperscript{nd} line: Temozolomide/ Capecitabine for 4 cycles (May-Aug 2015)

Cont Octreotide LAR 30mg

ESMO PRECEPTORSHIP PROGRAM
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

*3rd line: IFN-alfa 3 megaunits 3x/week Cont Octreotide LAR 30mg (Sept 2015 - Jan 2016)*
**4th line:** Cisplatin/Etoposide for 6 cycles Cont Octreotide LAR (Feb-June 2016).

CT scan after 2 cycles with partial response (58% reduction).
5\textsuperscript{th} line: Streptozocin/Capecitabine

MDT discussion – if not well controlled for liver embolisation
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
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

Chromogranin A

Serum 5HIAA

Carcinoid crisis s/c Oct
Stable disease Clinically better
Embolisation Reduce s/c Oct
Clinically better

Tem/Cap  IFN-A  Cis/Eto  Strep/Cap
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

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