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Stage IV squamous cell carcinoma NSCLC-case presentation

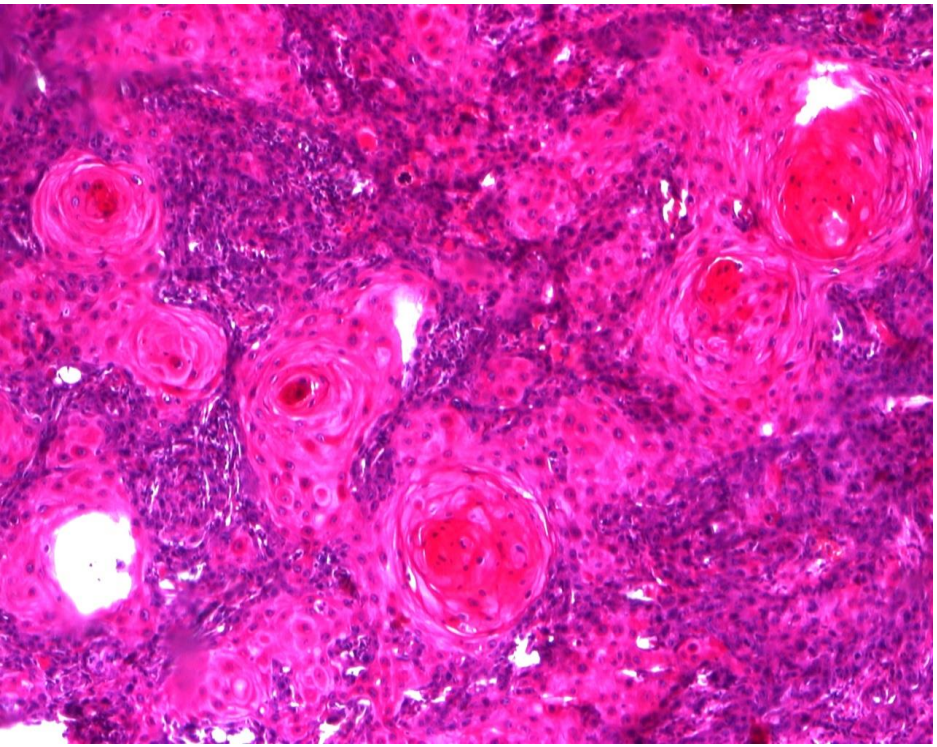
Clinical case presentation

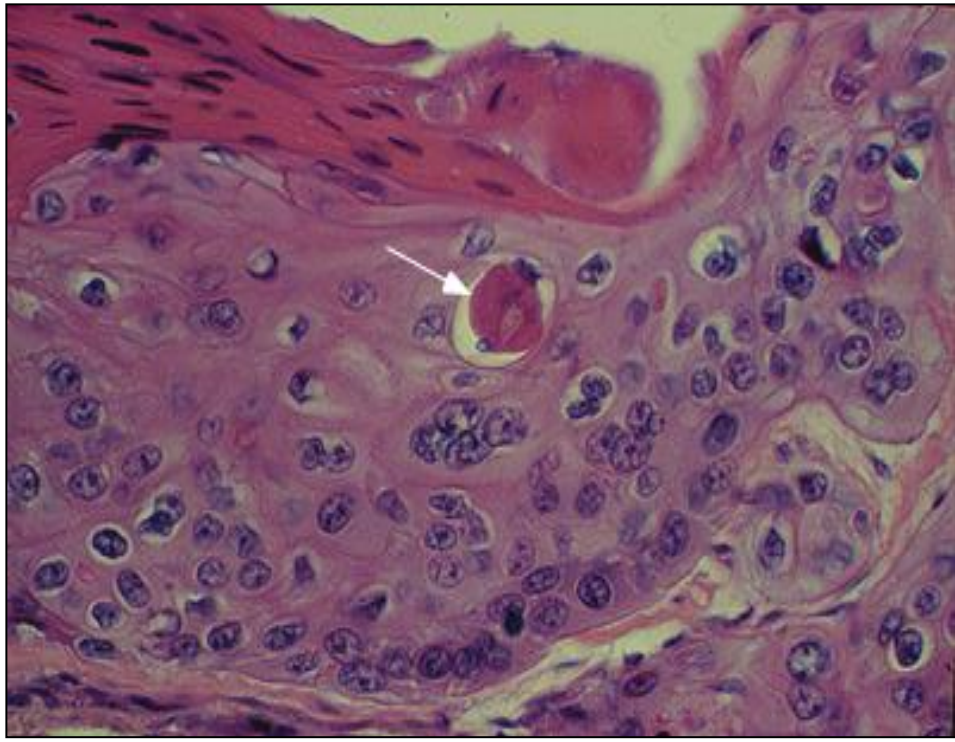
- P.N, 58 years old
- Smoker, professional exposure to pesticide
- June 2014:
  - Right supraclavicular adenopathy
  - Cough
  - Aggravation of dyspnoea
  - ECOG 2

Diagnosis

- Whole body CT scan:
  - Right pulmonary tumour cT3
  - L2-L3 bone metastases
- Bone scintigraphy: multiple M1OSS
- Biopsy of the right supraclavicular adenopathy: squamous cell carcinoma, G2
- Sensitizing EGFR mutation positive
- CEA, NSE, SCC- within normal limits

Histopathological examination





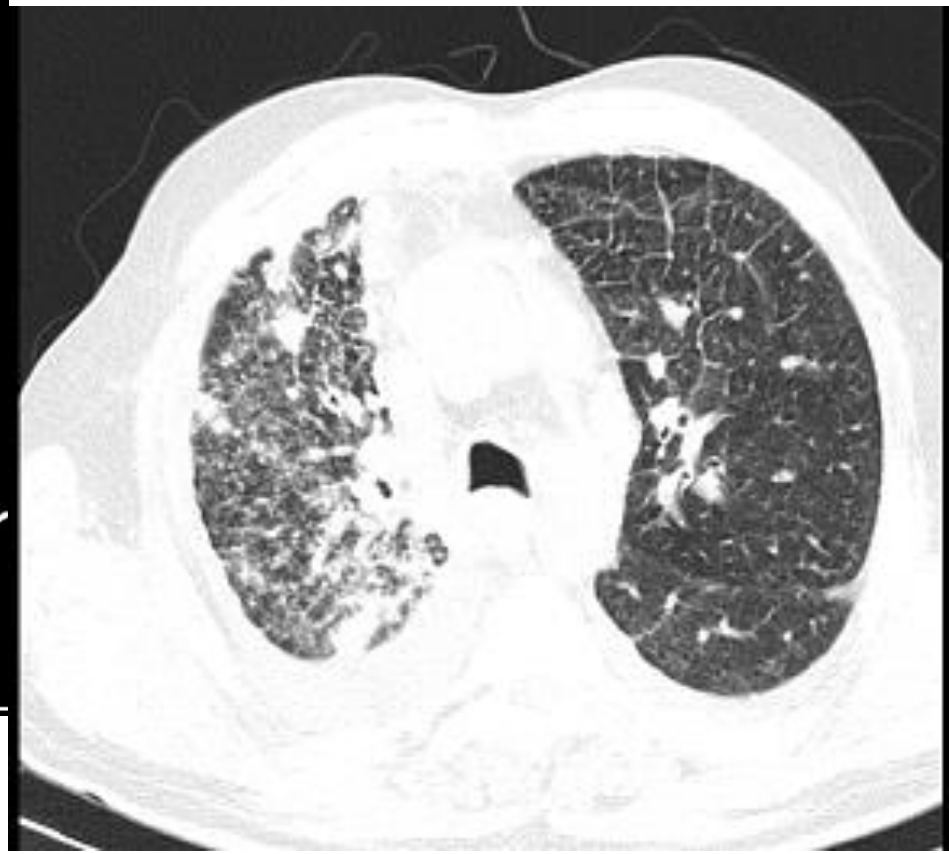
Tumour board

- stage IV NSCLC, cT3N3M1OSS
- July 2014:
  - Radiation therapy for M1OSS
- July-november 2014:
  - 6 cycles of Paclitaxel+Cisplatin+ Zoledronic Acid
- November 2014:
  - whole body CT scan: partial response

Treatment

- November 2014-february 2015:
  - Erlotinib 150mg p.o/day
- March 2015:
  - whole body CT scan: M1PUL M1OSS- progression disease
- March- June 2015:
  - 4 cycles of Docetaxel+ Carboplatin+Zoledronic acid; ECOG 2

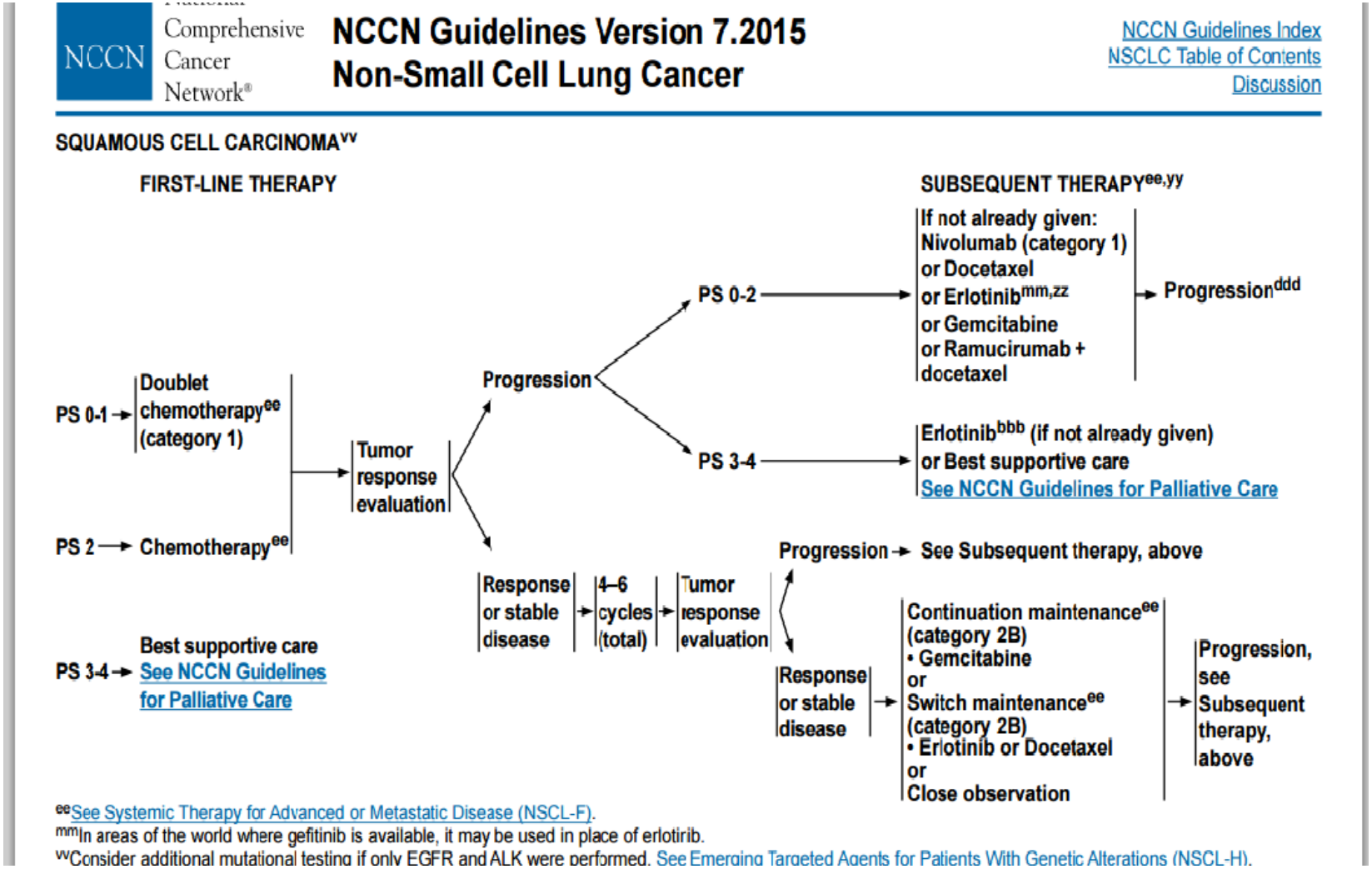
Thoracic CT scan- june 2015



Basic life support

- June 2015:
  - Aggravating Dyspnoea
  - ECOG 4
  - O2 Therapy
  - Patient asked for discharge and died at home

Conclusion


National Comprehensive Cancer Network®
NCCN Guidelines Version 7.2015
Non-Small Cell Lung Cancer
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Response or stable disease
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• Erlotinib or Docetaxel
or
Close observation
Progression, see Subsequent therapy, above
[ee]See Systemic Therapy for Advanced or Metastatic Disease (NSCL-F).
[mm]In areas of the world where gefitinib is available, it may be used in place of erlotirib.
[vv]Consider additional mutational testing if only EGFR and ALK were performed. See Emerging Targeted Agents for Patients With Genetic Alterations (NSCL-H).

Discussion

- Patient presented with stage IV NSCLC
- Subtyping of NSCLC is necessary
- Individualized treatment, multiple lines of chemotherapy

Thank you!