

ESMO Preceptorship Programme

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Stage IV NSCLC with long-term progression-free survival by erlotinib treatment



Introduction

- M.P., Caucasian ♀, 75 years, W 55 kg, H 158 cm, non-smoker
- 3 mo. history of minimal productive cough, anorexia, weight loss, fatigue
- Chest radiograph: left lobe opacity ► *Pneumology clinic (06.2010)*
- Sputum: <u>Z-N</u> neg.; <u>Gram</u> >25 IC/f, MΦ, fibrin, b. flora, <u>Culture</u> Enterobacter spp.
- Bronchoscopy: negative
- CT scan: pneumonic consolidation LUL w/ multiple micronodules, bilateral basal alveolar exudate
- Thoracic US + i.v. contrast: superior left lobe subpleural pneumonic process
 7/6 cm. with partial air bronchogram.
- ABG guided Ab therapy was initiated (3 wks.).
- Repeated thoracic US: similar aspect including a hypoechoic area 3/3.6 cm with no visible air bronchogram. Transthoracic biopsy in local anesthesia.



Diagnosis

- H&E, PAS stain: Mucinous bronchio-alveolar carcinoma (ICD-O3, 8253/3). IHC stain TTF-1: positive. (ICD-O3, 8140/3).
- Output According to the revised classification: invasive mucinous



Treatment

07.2010 in (AUC 6) \odot Stable dise \odot 08.2011: C (PFS-1: 9 mo.) \odot 2nd line CT \odot 10.2011: E /day \odot 01.2012: C \odot 05.2015: C \odot 05. \odot 07. \odot ÞУ R 8 Δ European Society for Me

Discussion

- This case describes long-term treatment with erlotinib of a patient with NSCLC (BR 21 trial >95% pts. had PD at 18 mo.) [NEJM 2005;353(2):123-32]
- M.P. had unknown *EGFR* status
- Secondary resistance to EGFR therapy, promising results with 3rd gen EGFR TKI (AZD9291, CO-1686, HM61713) [Curr Opin Oncol 2015;27(2):94-101]
- EGFR TKI therapy is frequently associated with the development of skin rash and diarrhea, M.P. skin rash grade 1 w/o dose reduction
- Skin rash was found to be an independent predictive factor for survival and progression but 3rd gen EGFR TKI sparring wt. EFGR showed a diminished toxicity profile [Lung Cancer 2012;78(1):8-15]
- Independent favorable prognostic factors for survival: P.S.=1, never smoker, female gender [J Thorac Oncol 2010;5(5):620-30]
- Bronchioloalveolar features predict sensitivity to EGFR TKI [J Clin Oncol. 2004;22(6):1103-9]



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