



## Refractory gastritis and other immune-related toxicities in a patient with a squamous NSCLC.

Mariana Brandao, MD, PhD  
Belgium

### LEARNING GOALS

**Goal 1:** Recognizing the currently approved immune checkpoint inhibitors (ICIs)-based regimens in advanced NSCLC.

**Goal 2:** Implementing effective techniques for identifying and managing immune-related adverse events (irAEs) in patients during ICI treatment and after its discontinuation.

**Goal 3:** Discussing complex cases in a multidisciplinary manner, namely with colleagues from other medical specialties.

**Goal 4:** Managing the side effects of the immune-suppressive drugs given to treat irAEs.

### BACKGROUND

A 54-year-old woman with 80-pack-year smoking history.

She presents with increasing cough, hoarseness, weight-loss (~10%) and dyspnea over the past 6 months.

Due to these symptoms, her general practitioner orders a chest CT scan, which shows a 25 x 20mm lesion of the left lower lobe with central necrosis plus a left hilar adenopathy.

A small nodule (around 1cm) in the right lower lobe is also described.

# THE AMAZING CASE RACE

## CASE STUDY 07

### CURRENT PRESCRIPTIONS

- Levetiracetam 500 mg bid
- Acetylsalicylic acid 80mg id
- Atorvastatin 10mg id
- Montelukast 10mg id
- Ipratropium 20 µg + fenoterol 50 µg (Duovent®) on demand
- Beclometasone 87 µg + formoterol 5 µg + glycopyrronium 9 µg (Trimbow®) 2 puffs bid
- Alprazolam 0.5 mg id

### COMORBIDITIES/MED HX

- Asthma
- COPD GOLD III
- Epilepsy
- Stenosis of the left sub-clavicular artery - treated by stenting and anti-platelet drugs

### OVERALL DIAGNOSIS

Squamous NSCLC of the left lower lobe (p40 positive, TTF1 negative, PD-L1 negative, stage IVA (contralateral lung nodule) - cT1cN3M1a. No actionable genomic alternations.

### TESTING

#### CT-CHEST

- 25 x 20 mm lesion of the left lower lobe with necrosis.
- Left hilar adenopathy. .
- Small nodule (around 1 cm) in the right lower lobe.



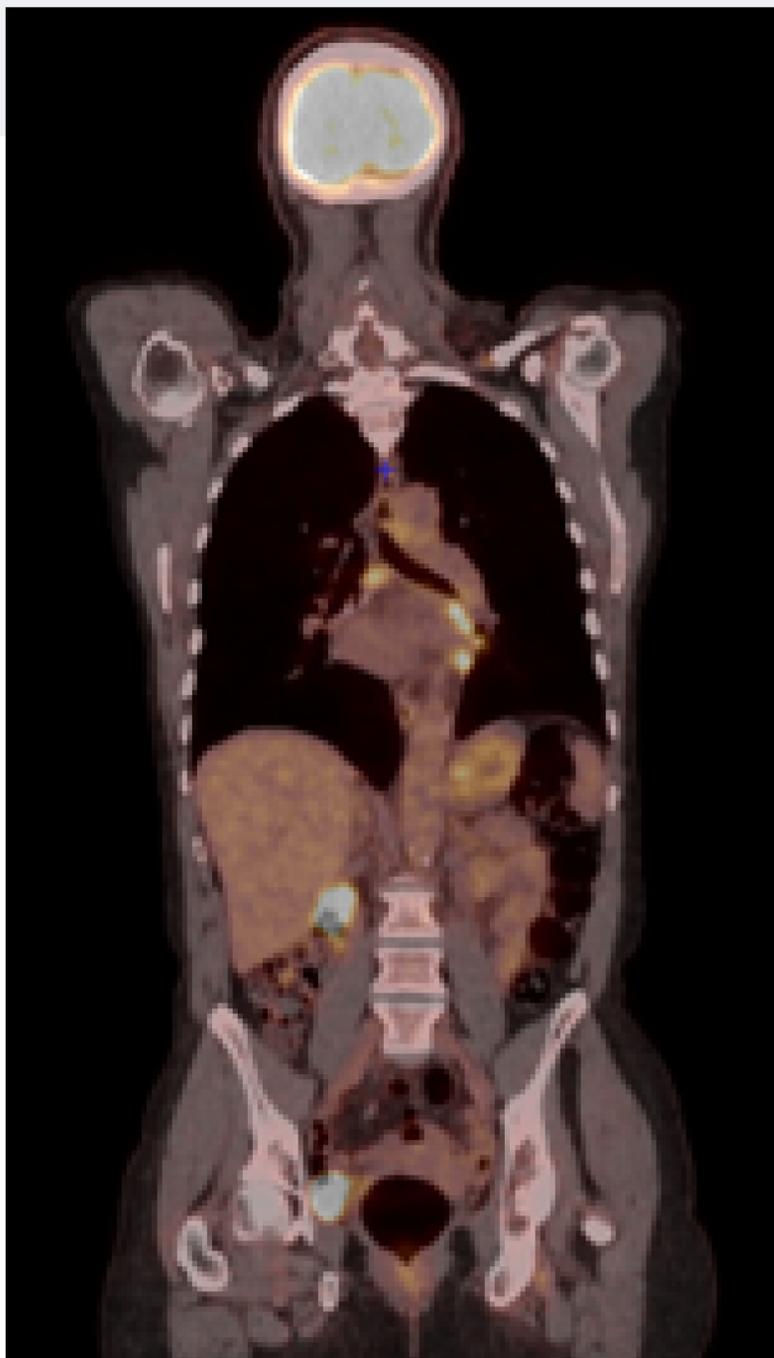
# THE AMAZING CASE RACE

## CASE STUDY 07

## ADDITIONAL TESTING

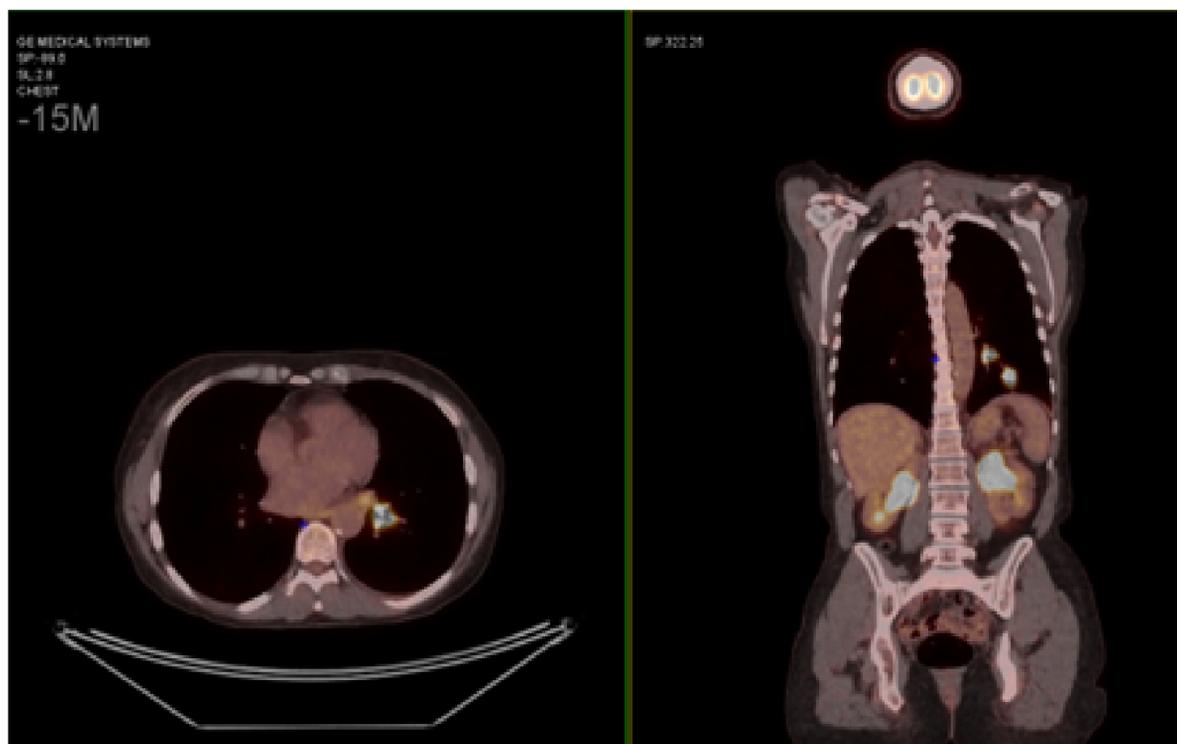
### BRAIN MRI

- No metastases



## PET SCAN

- Left lower lobe pulmonary hypermetabolic tumor with multiple left hilar, mediastinal bilaterally.
- Left supraclavicular adenopathies.
- Nodule in the right lower lobe.



## BRONCHOSCOPY

- Budding lesion in a left basal sub segmental bronchus.  
Biopsy: squamous NSCLC of the left lower lobe: p40 positive, TTF1 negative, PD-L1 negative.



## COMPLICATION CONSIDERATIONS

### Immune-induced:

- Gastritis
- Pancreatitis
- Cholangitis

### Corticosteroid-induced:

- Fungal infection (esophageal candidiasis)
- Lower limbs amyotrophy

**Want to learn more  
about this case?**

**VOTE FOR CASE 07**

Scan showed an irregular soft tissue mass measuring 9.3 x 4.7 x 7.1 cm seen centered in the upper lobe abutting the mediastinal pleura, involving the left perihilar region and superior segment of left lower lobe with multiple satellite nodules scattered in both lungs. Small left pleural effusion. There are also enlarged mediastinal, left hilar and left supraclavicular lymph nodes..