



Managing advanced NSCLC surfing through unexpected toxicities

Francesco Cortiula, MD
Italy

LEARNING GOALS

Goal 1: Recognizing the currently approved first line treatments in advanced NSCLC and choosing the best treatment according to biomarker testing and patient's history.

Goal 2: Identifying and managing immune-related adverse events (irAEs) in patients undergoing ICI treatment.

Goal 3: Optimizing the diagnostic workup for unexpected irAEs.

Goal 4: Managing subsequent treatments after ICI-related toxicity, in order to maximize benefits and minimize toxicity.

BACKGROUND

P.J.J. is a 62-year-old male with 20-pack-year smoking history.

In March 2021, he presented with a mass in the left lung. He was in good clinical conditions, with no relevant symptoms.

He was staged with PET-CT scan and brain CT scan. Two trans-bronchial needle aspirations of the mediastinal lymph nodes were performed but were inconclusive.

In March 2022, a follow-up CT scan showed progressive disease in the left clavicular and mediastinal lymph nodes. The patient was in good clinical condition, with ECOG Performance Status of 0.

THE AMAZING CASE RACE

CASE STUDY 09



CURRENT PRESCRIPTIONS

- Atorvastatin 20mg once daily
- Fluoxetine 20mg one daily

COMORBIDITIES/MED HX

- Testicular seminoma (1990), radically treated with surgery and adjuvant chemotherapy (platinum, etoposide, and bleomycin).

OVERALL DIAGNOSIS

Poorly differentiated lung adenocarcinoma of the left lung (superior lobe). PD-L1 expression (SP263) <1%, *KRAS* Q61H mutation. *EGFR*, *BRAF*, *ALK* and *ROS* genes: no mutation found.

Pathological staging at diagnosis was IIIA, pT2pN2 (single lymph=node at station n. 5), according to TNM VIII ed.

Staging at relapse was stage rcTON3M0 (left-clavicular and mediastinal), according to TNM VIII ed.

TESTING

- Follow-up CT scan: Showed progressive disease in the left clavicular and mediastinal lymph nodes.
- PET CT confirmed the findings.
- Lab results: normal findings

INITIAL TREATMENT

- April 2021 - radical lobectomy and lymphadenectomy.
- RO resection was achieved and pathology revealed a poorly differentiated lung adenocarcinoma.
- Post-surgery, the patient received four cycles of adjuvant chemotherapy with carboplatin 5UAC and vinorelbine 25mg/sqm intravenously.

VISIT 1

BRAIN MRI

- No metastases

PET SCAN

- Left lower lobe pulmonary hypermetabolic tumor with multiple left hilar, mediastinal bilaterally.

- Left supraclavicular

Want to learn more

about this case?

VOTE FOR CASE 09

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.

