JULY 2022

MO	TU	WE	TH	FR	SA	SU
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

16:00 - 17:30

VIRTUAL MDT BOARD 28TH JULY 4:00-5:30 PM CEST

SCHEDULE:

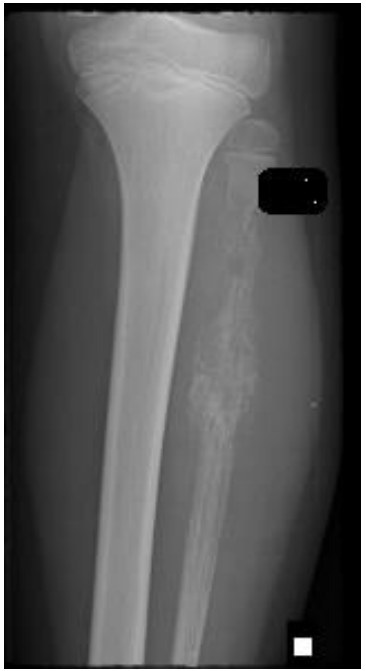
1- Camargo center Brasil: Celso Mello
2- Hospital San Vicente de Paul, Costa Rica - Natalia Jimenez
3- Onco/clínica- Brasil: Carolina Cardoso
4- Instituto misionero del Cáncer, Arg. Kober Marcela
5- Hospital Clínico Universidad de Chile, Vásquez Rodrigo

Case Discussion 1

Relapsed Ewing Sarcoma

Celso Mello, MD, PhD
A.C. Camargo Cancer Center

- **CJ, 27 yo, male**



- **History -**
- Jun/2019 – mass in the right leg 4.4 x 3.5 x 2.5 cm
- Imaging study: tumoral lesion in the right fibula (6.4 x 4.5 x 2.5 cm)
- Biopsy – high grade small round cell neoplasm
- IHC – CD99+ FL1 + = Ewing Sarcoma
- Staging – no distant metastasis
- **PMHx - no comorbidities**
- **FHx – father diagnosis of prostate cancer @ 77yo**
- **SH- no tabbaco, no alcohol; plays soccer twice week**
- **Med – Rivaroxaban**

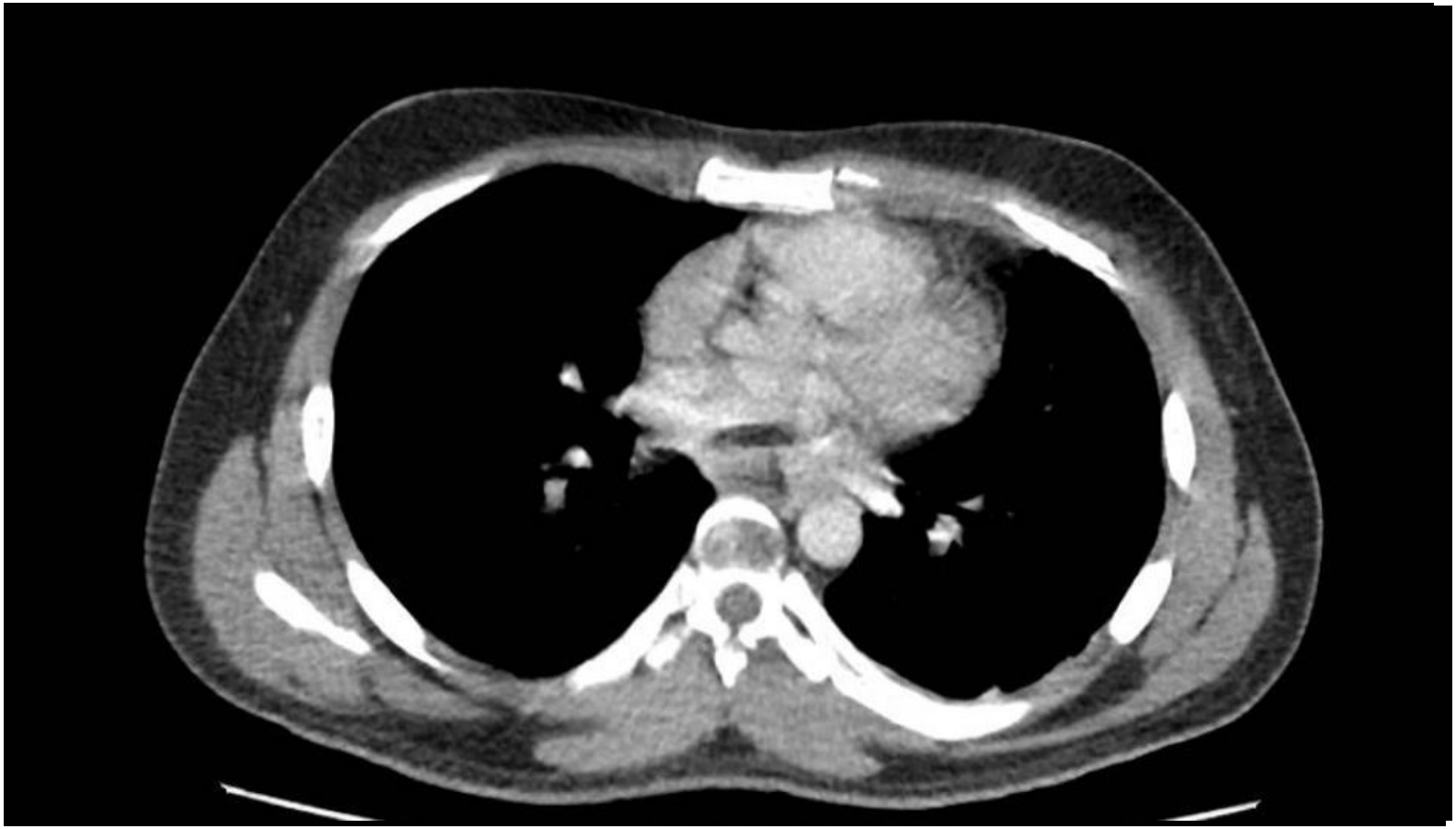
Initial Treatment (external)

- Jul/2019 – VAC / IE x 4 cycles, q21 days
- Oct/2019 – surgical resection – **Left Leg amputation**
- Pathologic Report – Ewing sarcoma, 7.5 x 4.2 x 2.0 cm, 70% necrosis, negative margins
- Nov/2019 – VAC /IE x 12 cycles until May/2020
- **Follow up**

March/2022

- **Symptoms**: cough, dyspneia and left arm edema

- Chest CT scan – heterogeneous mass located in the left USL, 102x99x89 cm. Close contact with subclavia artery, aorta and pleura + para-aortic lymph node 4.0 x 3.5 cm + focal right posterior pleural thickening
- Left subclavian vein thrombosis



April/2022 – ACCCC

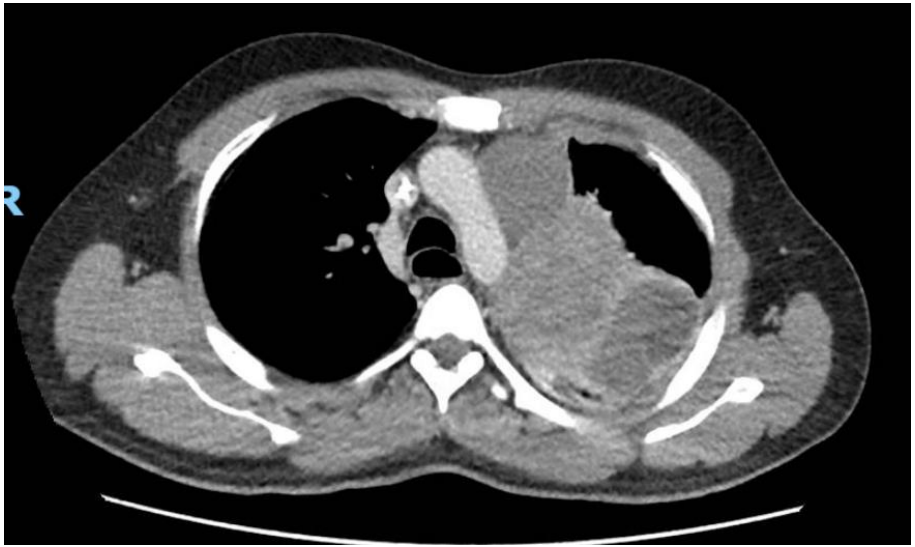
Path. Review – Ewing Sarcoma

Systemic Treatment + Anti-coagulation

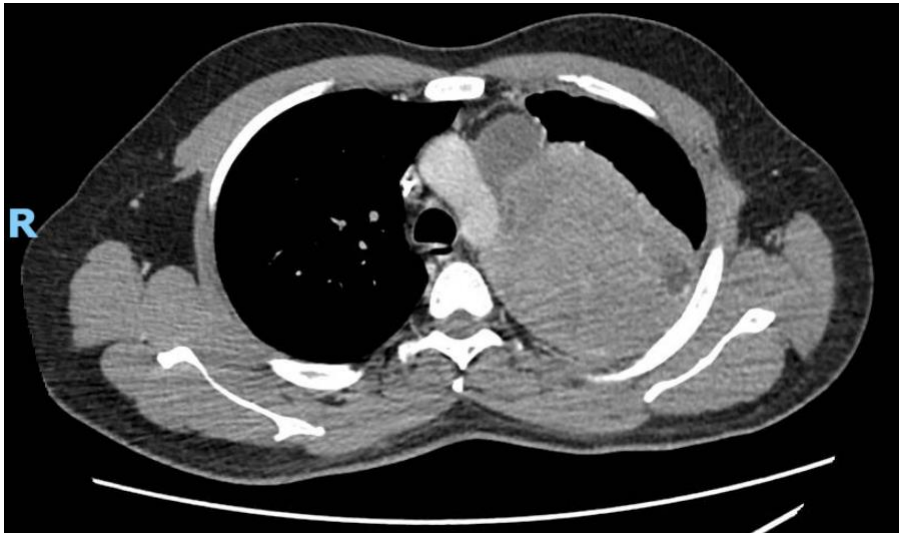
- Ifosfomide 10 g/m2 + Etoposide 100 mg/m2 D1 to D5

Case Discussion – Sarcoma

Baseline

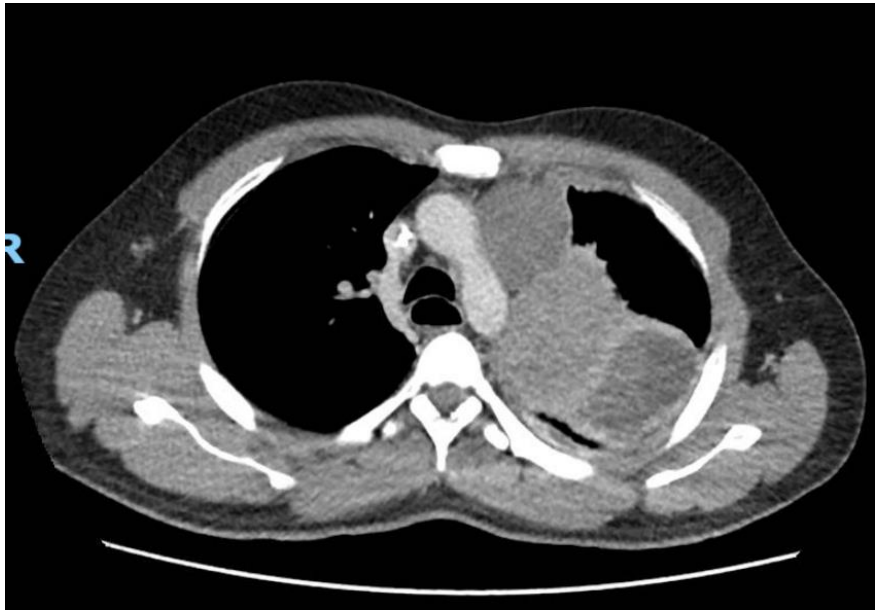


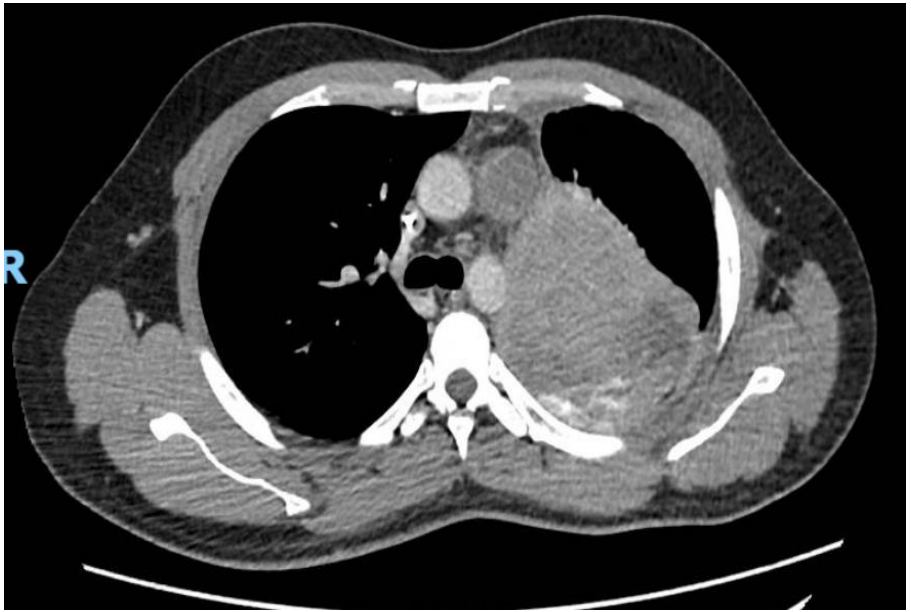
Post Cycle #3



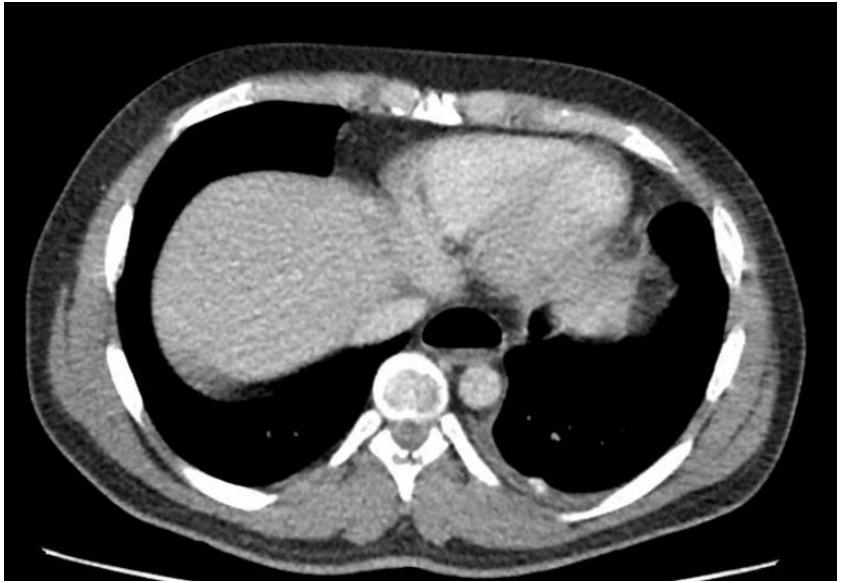
- Mass - 110 x 109 x 107 cm (anterior 102 x 99 x 89 mm)
- Lymph node - 34 x 26 mm (anterior 56 x 43 mm)
- Subpleural nodule – 8 mm (anterior 8 mm)

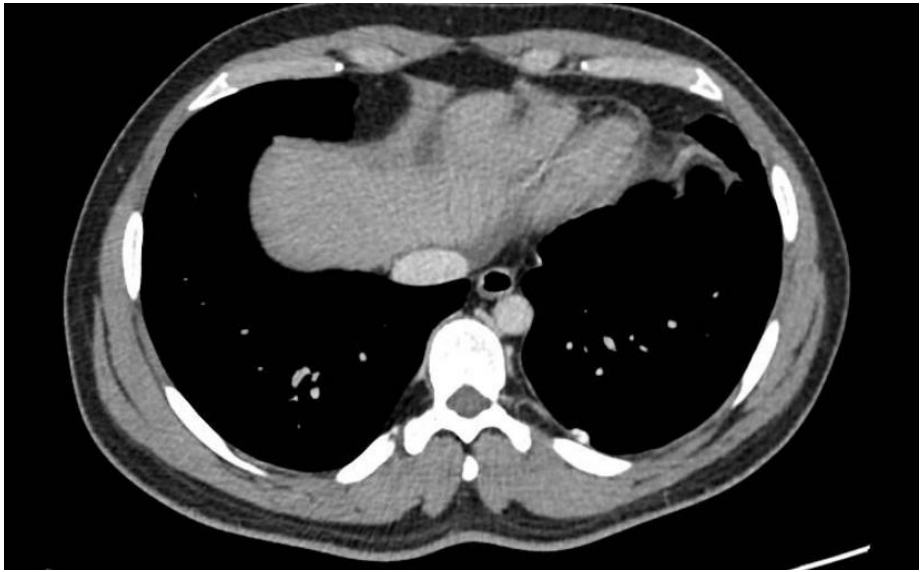
Case Discussion



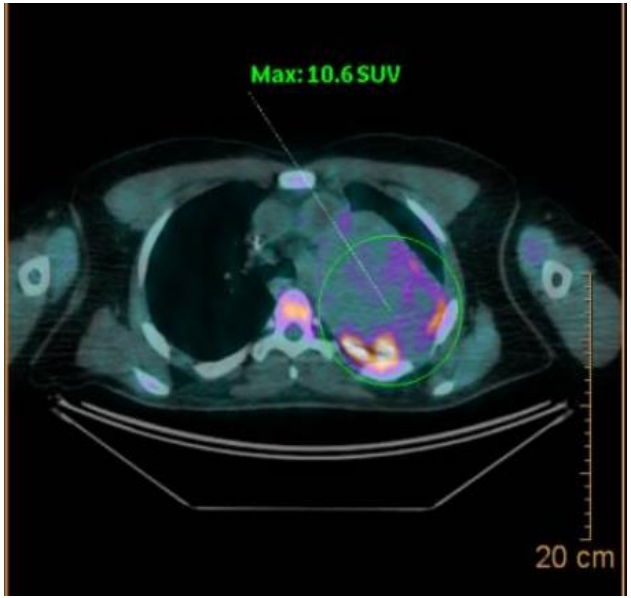


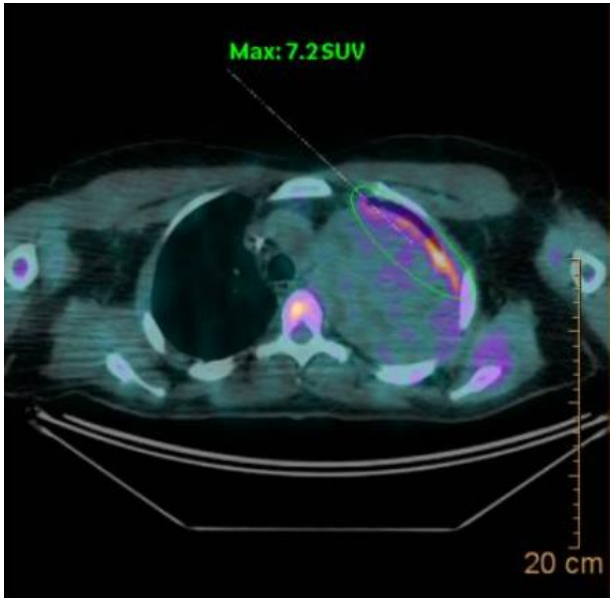
Case Discussion

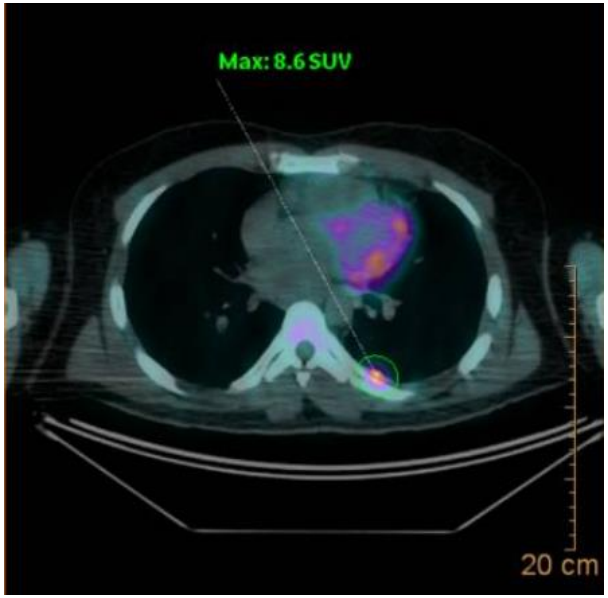




Case Discussion



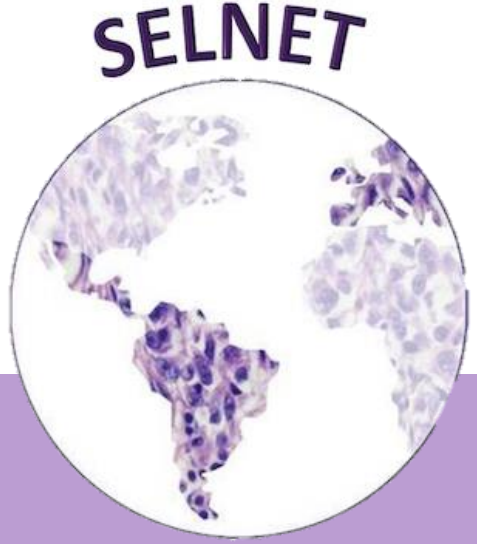




- **After 3 Cycles – Stable Disease**

Next Step?

1. IE / High dose Ifosfamide
2. Radiation Therapy
3. Surgical Resection
4. Second Line Chemotherapy (Irinotecan/TMZ, CTX/Topotecan)
5. Drug Screening (experimental? PDX? Organoids?)



CASE 2. COSTA RICA

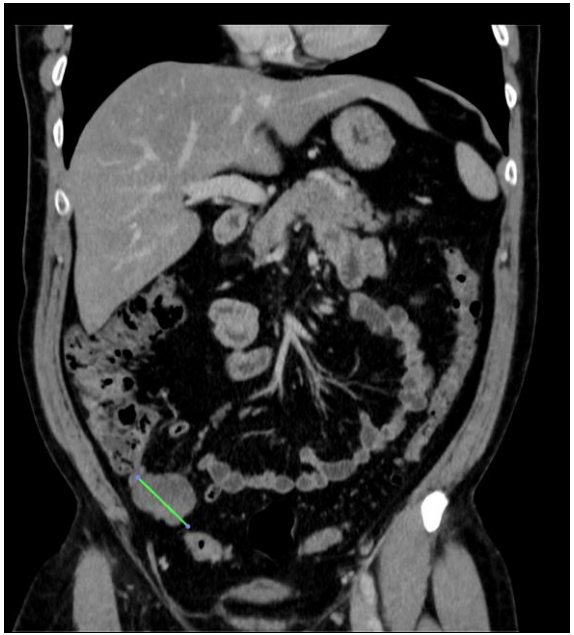
DRA. NATALIA JIMÉNEZ
HOSPITAL SAN VICENTE DE PÁUL
MEDICAL ONCOLOGY

DR. MAURICIO DONATO
HOSPITAL CALDERÓN GUARDIA
PATHOLOGY

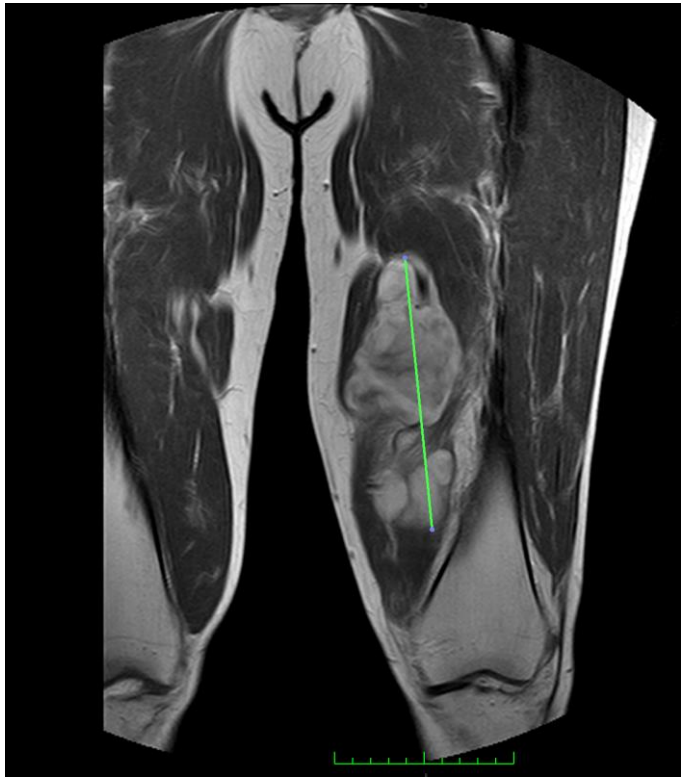
JULY, 2022

CASE. CFB

- 43-YEAR-OLD MALE
- SMOKER
- PERSONAL PATHOLOGICAL HISTORY: DYSLIPIDEMIA-CURRENTLY WITHOUT TREATMENT
- **NOVEMBER 2020:** OPERATED PRIVATELY ON A 16X12.5X9CM MASS IN THE LEFT LEG THIGH
- PATHOLOGICAL ANATOMY REPORTS MYXOID LIPOSARCOMA, FREE MARGINS (DOES NOT INDICATE % OF PLASMATIC CELLS OR DISTANCE OF MARGINS)
- THE PATIENT DID NOT RECEIVE RT OR ADJUVANT CHEMOTHERPY
- **JULY 2022:** RECURRENCE OF MASS IN LEFT THIGH AND MASS IN RIGHT ILIAC FOSSA



TC CHEST + ABDOMEN + PELVIS ON JULY 22: CHEST NEG. ABDOMEN: SOLID MASS IN THE RIGHT ILIAC FOSSA OF 42X38X32MM WHICH IS IN CLOSE CONTACT WITH LOOPS OF THE TERMINAL ILEUM WITHOUT IMPRESSING INFILTRATION.

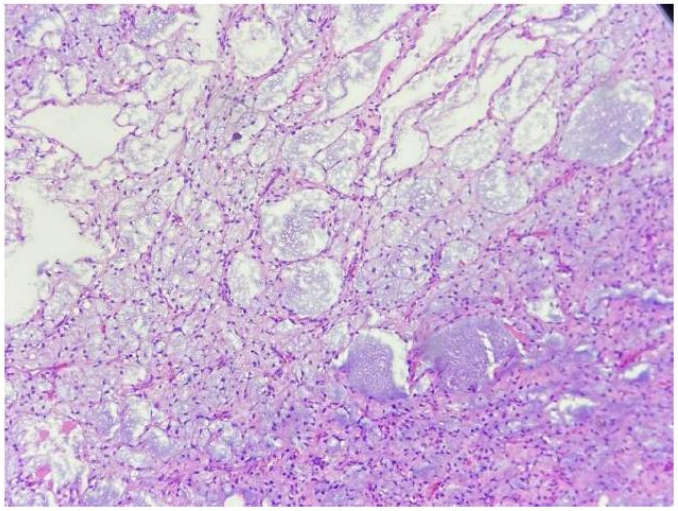
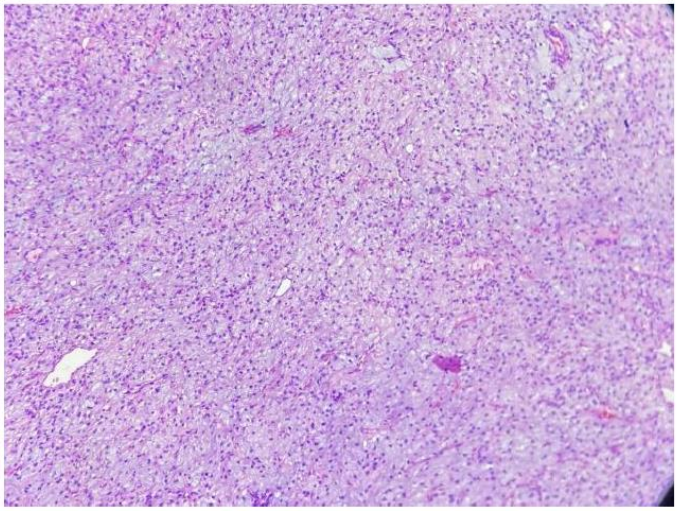
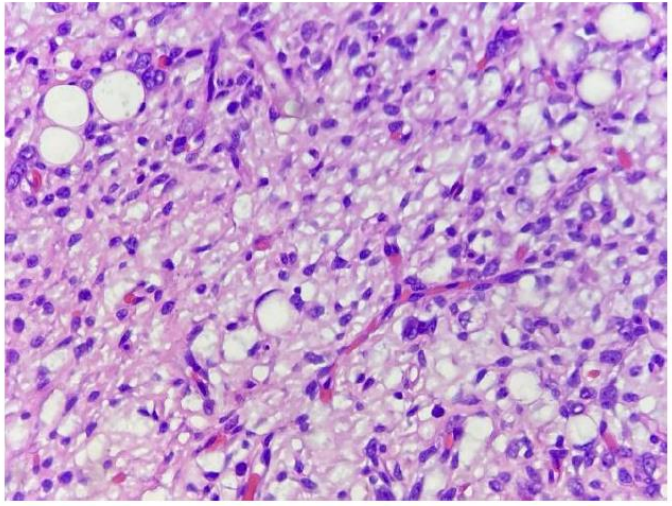
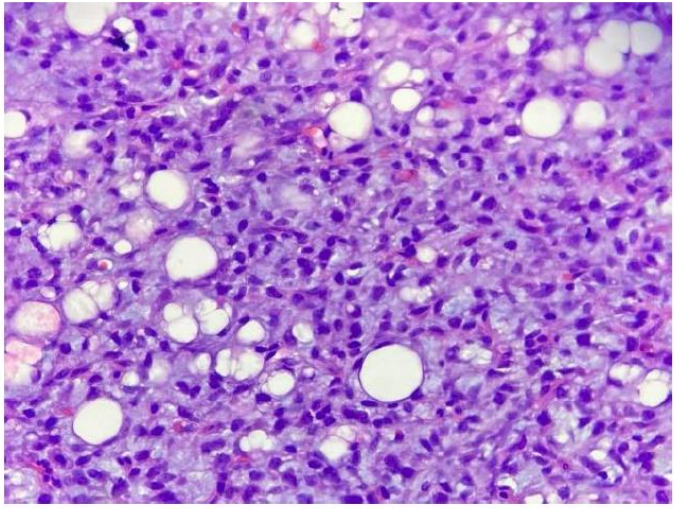


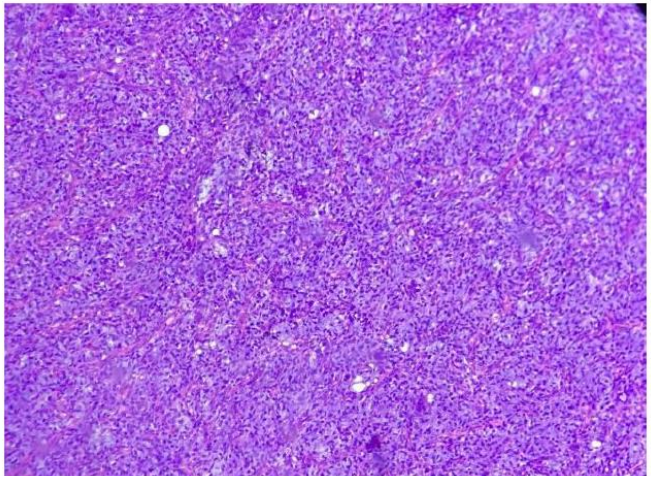
MRI OF THE LEFT THIGH ON JULY 2020: MASS IN THE LEFT THIGH OF 16.7X 10.6X 7.3CM WHICH INFILTRATES VASTUS MEDIAS, VASTUS MEDIAS, REJECTS M. BICEPS FEMORALIS AND ADUCTOR MAJOR, ENVELOPES THE LEFT FEMORAL ARTERY IN CONTACT WITH THE MEDIAL CORTICAL OF THE FEMUR WITHOUT INVADE IT

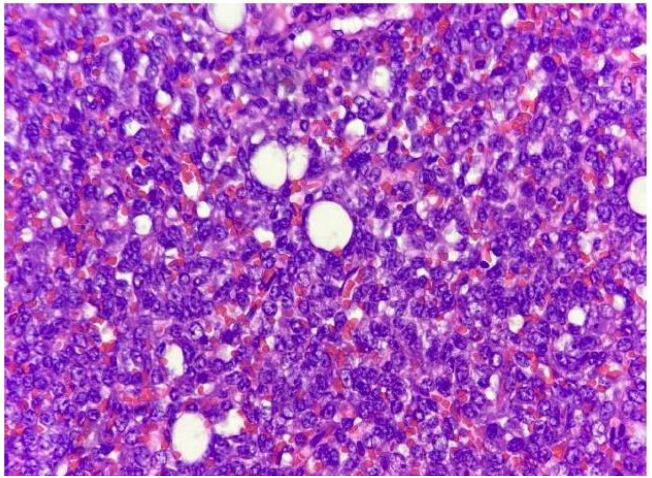
PATHOLOGICAL ANATOMY

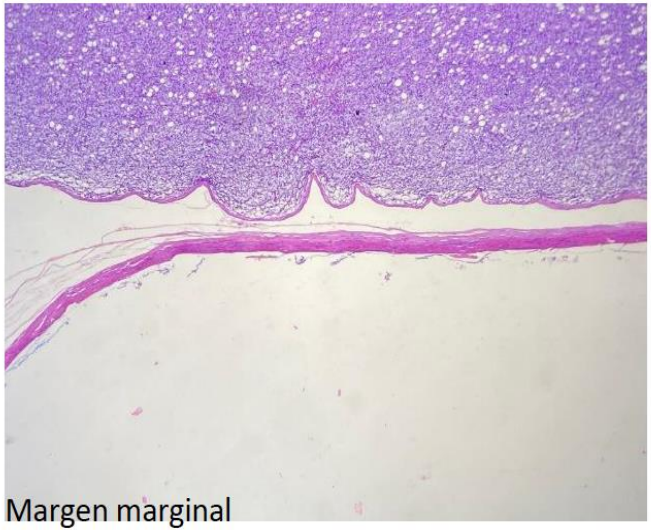
- PATHOLOGICAL ANATOMY REVIEW OF RESECTED LESION IN 2020: MYXOID LIPOSARCOMA WITH **39% ROUND CELL COMPONENT**, MARGINAL MARGINS WITH ILV+

- DR. MAURICIO DONATO

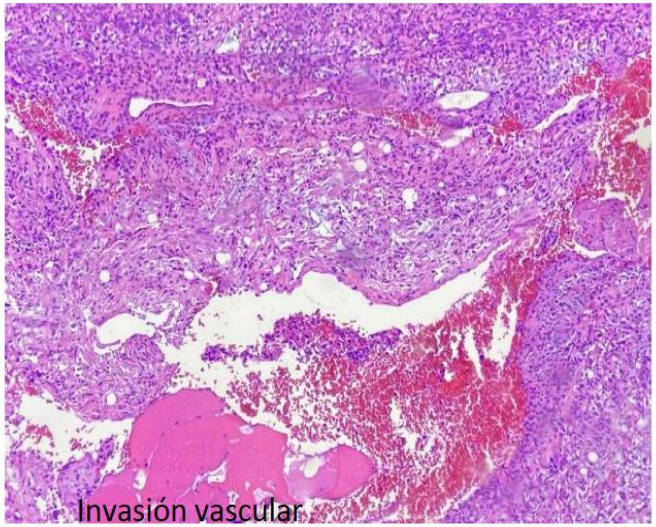











Margen marginal



Invasión vascular

QUESTIONS

- DO YOU THINK THAT A PRIMARY SURGICAL ATTEMPT OF ALL LESIONS WOULD BE FEASIBLE BEFORE AN RT OR QT?
- IS IT A POSSIBILITY TO USE TRABECTEDIN + RT? IRADIATING BOTH LESIONS OR JUST THE THIGH LESION AND THEN THINKING ABOUT SURGERY?
- IF TRABECTEDIN IS NOT AVAILABLE, WHAT OTHER TREATMENT OPTION COULD BE PROVIDED?
- CFB HAS A CT THAT RULES OUT METASTASIS OF THE SPINE, WOULD YOU REQUEST A SPINE MRI?

SARCOMA

MDT meeting

Discussion of clinical cases

SELNET MDT

Case Discussion 3

Carolina Cardoso – Oncoclínicas/Brazil

- MTFM, 43 y.o., male, no comorbidities?

No familial history for cancer?

- 2017: small lump in the right thigh.

US: minimal alteration suggesting fibrosis.

- Early 2022: the lump starts growing fast

- **May/2022**

-MRI right thigh: expansive lesion in the proximal medial site, regular margins, measuring 12.4 x 6.0 x 5.5cm. Lipomatous lesion X Liposarcoma

-Biopsy:

Fusiform mesenchymal neoplasia.

Low atypia grade.

Mild cellularity.

Adipocytic component.

Tumor necrosis not identified.

-Immunohistochemistry:

pleomorphic lipomatous tumor.

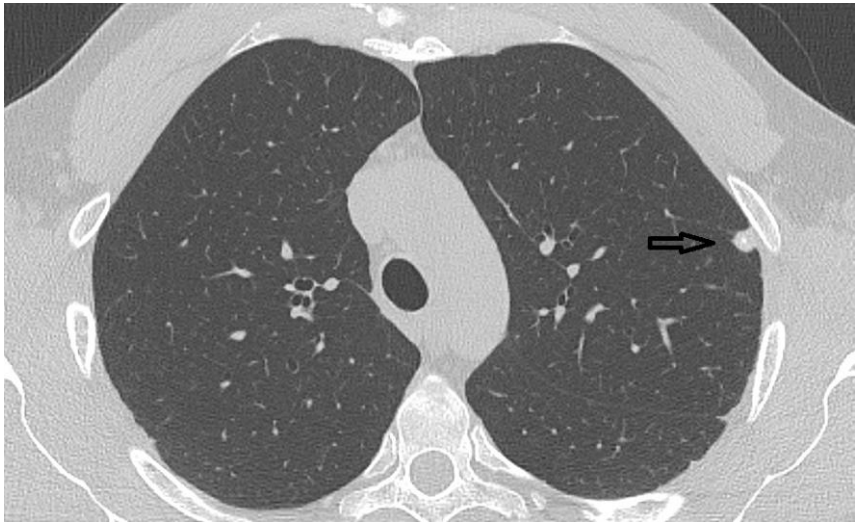
- **Jun/2022** – tumor resection

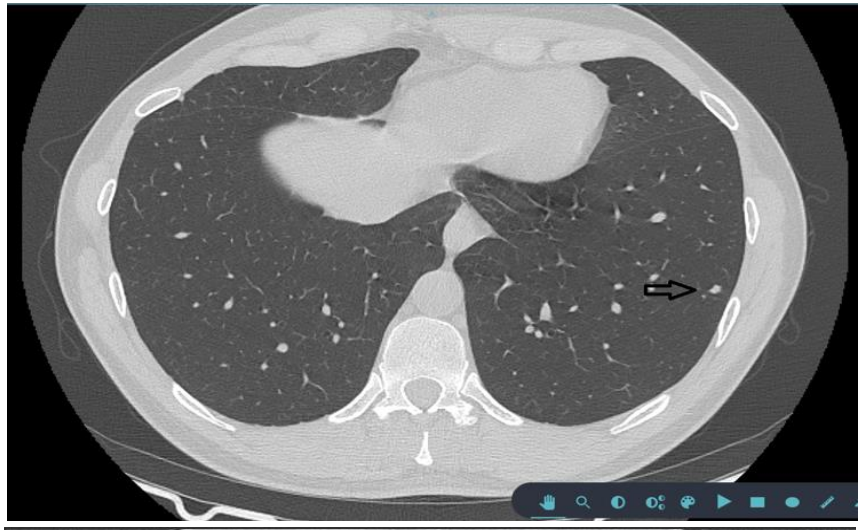
-Pathology report: pleomorphic lipomatous tumor, marginal resection. Measures: 12.8 x 7.7 x 5.7 cm.

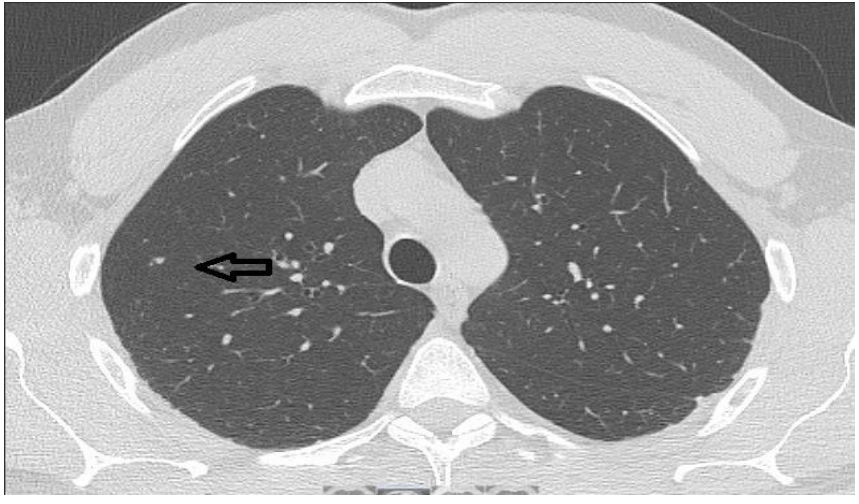
- **July/2022**

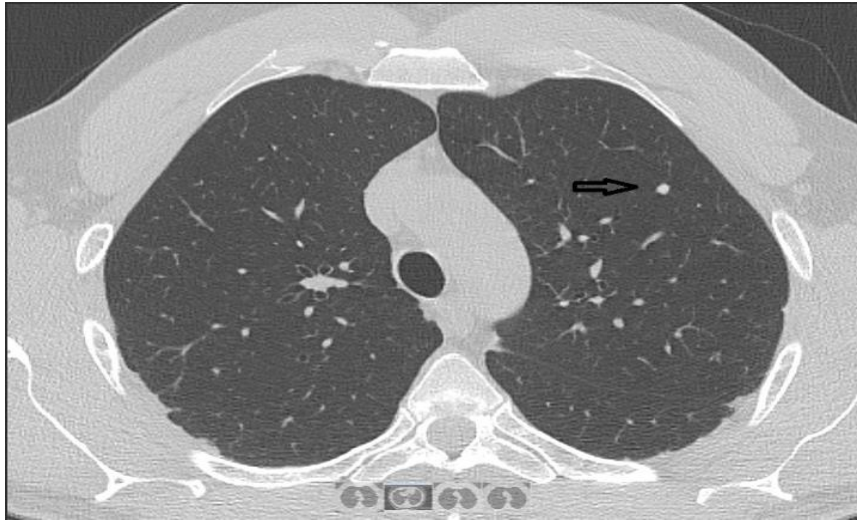
-Chest CT: subpleural small nodule in the left upper lobe 7mm (with central calcification). Other small solid nodules (no calcification) in the right upper lobe and left lower lobe, the biggest one measuring 5mm

No other suspicious lesions.









- **Questions:**

1- Considering the histologic type, would you consider lung biopsy to investigate the lung nodules? Or just follow up?

2- Would you be favorable to any adjuvant treatment? Radiation?

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MDT meeting
Discussion of clinical cases

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Case Discussion 4

Instituto Misionero del Cáncer - Hospital Escuela de Agudos Dr. Ramón Madariaga
Misiones – Argentina-
Dra Kober Marcela

Female 31 years old

Personal background:
G1C1

Comorbidities: denies

Allergy: iodinated contrast

Toxic denies

AHF oncological: denies

Occupation: Teacher

Female 31 years old

August 2014

Gynecological ultrasound
Expansive nodular formation in relation to right adnexal region, solid, heterogeneous appearance, with small cystic images inside, measures 110x96x179mm

TC
In relation to right adnexal region large expansive, solid, heterogeneous image, of approx 174mm, displaces bladder and uterus. Compatible in the first instance with ovarian blastoma

Surgery (Tumorectomy)

Macroscopy:

Irregular fragment measuring 15x8x8cm, brown-violaceous outer surface, smoot shiny, with few adhered whitish membranes, elastic consistency, increased. The serial cut of the piece shows clear, shiny brown tissue, with abundant cavities of translucent - gelatinous content. separated from each other by whitish tracts.

Microscopy:

Tumor of infiltrative edges with entrapment of adipose tissue and focally of medium-sized nerves. The lower the increase, the neoplasm is hypocellular and myxoid, with a moderate increase in cellularity around the vascular structures. there are numerous blood vessels of variable caliber with hyaline thickening of the adventitia and foci of hematic extravasation. The tumor cells are fibroblastic, fusiform or stellate, with no pleomorphism and few mitosis figures.

Immunohistochemistry:

Estrogen receptors positive, Progesterone receptors positive, AML positive, CD34 positive, Desmin negative, Mib1 (ki67) 10%, s100 negative, vimentin positive, CD57 negative

Compatible with Deep Aggressive Angiomyxoma

Female 31 years old

June 2019
TC

The voluminous formation of density of soft parts with slight enhancement of its wall and hypodense areas inside 169x91x124mm (L-AP-T), generates displacement of the uterus and bladder towards its contralateral, this could be attributed to the right adnexal area, corresponding in the first instance to mucinous cystadenoma

Female 31 years old

July 2019
Exploratory laparotomy:
Cystic formation is visualized on the bladder roof, cavity is closed

RNM
Voluminous tumor mass, polylobed, extending from the pelvic floor to the infra-umbilical region with isointense signal in T1, predominantly hyperintense in T2, where it also shows thin bands of lower intensity. IN sequence diffusion presents aqueous molecular restriction with partial drop of the signal in the ADC map. With gadolinium it enhances intensely and heterogeneously. Longitudinal diameters **23cm,** anteroposterior and transverse 14cm. It displaces the uterus and bladder in the cephalic and left lateral direction. Compatible with tumor recurrence.

September 2019

She is evaluated in other center
It is suggested:
Tumoral Embolization
(does not have a summary of medical history)
During the pandemic the patient could not be evaluated again

Review Pathology (2019)

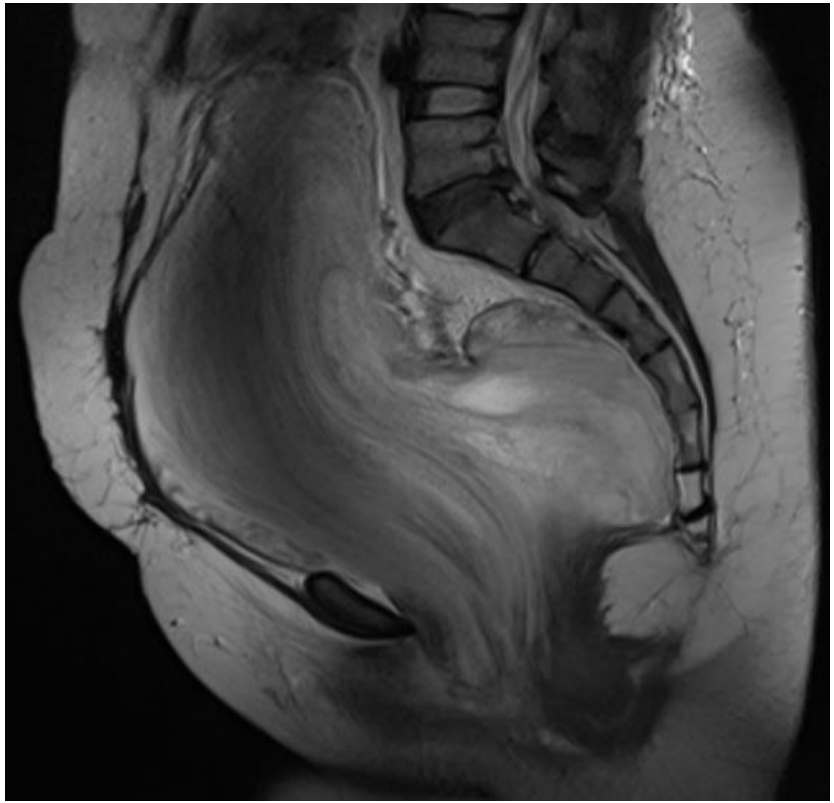
- Neoplastic proliferation composed of cells of oval and elongated nuclei of monomorphic appearance without evident atypia that are arranged in a diffuse way on an edematous lax stroma that alternates with myxoid areas with microcystic degeneration. The neoplasm shows numerous vascular structures, some large in size with thick muscle walls and others of small caliber and thin walls. Sectors of mature adipose tissue inside the neoplasm are also recognized. No areas of necrosis or mitotic figures are observed in this material
- Estrogen receptor Diffuse positive
- Progesterone receptors Diffuse positive
- AML Focal positive
- Caldesmon negative
- Desmin Diffuse positive
- CD34 positive focal
- S100 negative

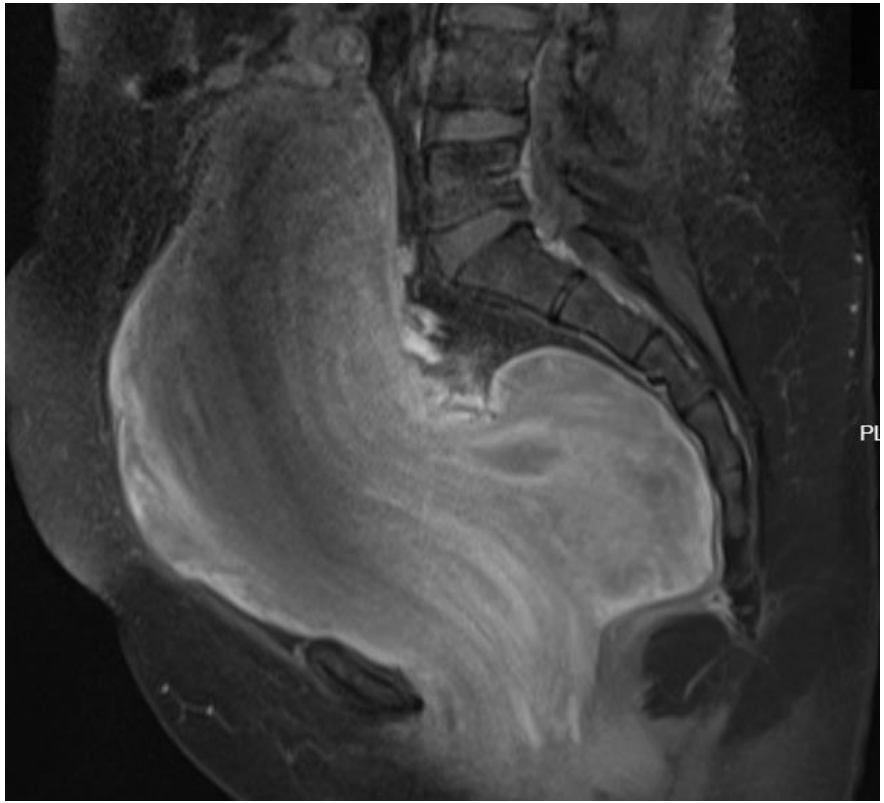
Compatible with aggressive deep angiomyxoma

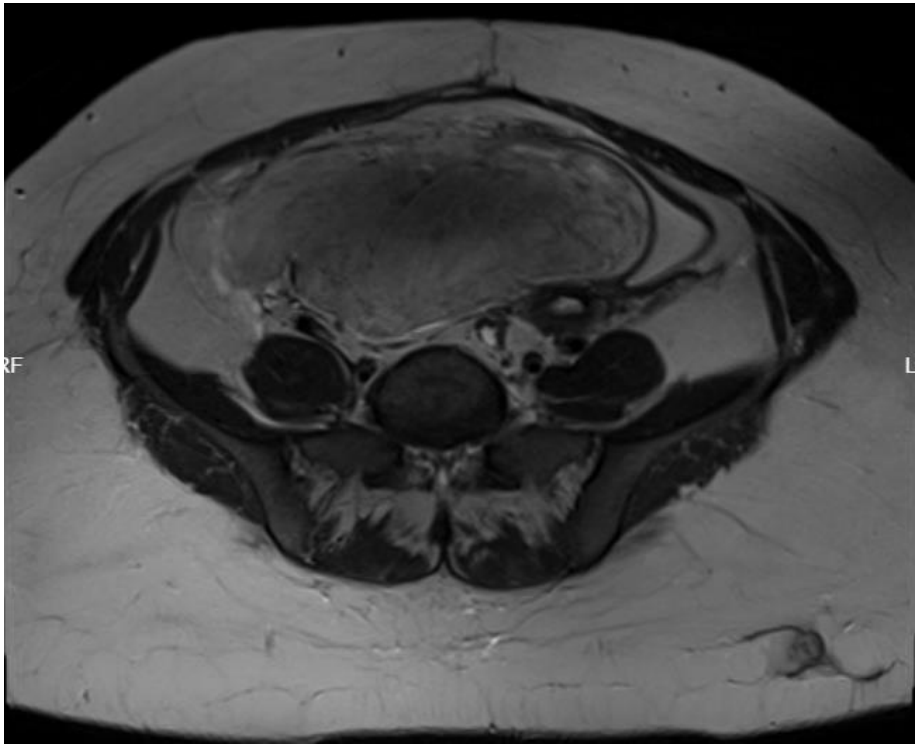
Female 31 years old

May 2022
Physical exam
Pelvic mass of aprox 30cm diameter, soft-elastic consistency. She reports a mass protrusion by genitals, tumor is palpated in vaginal region right side wall of soft consistency

- **Performance status 1**



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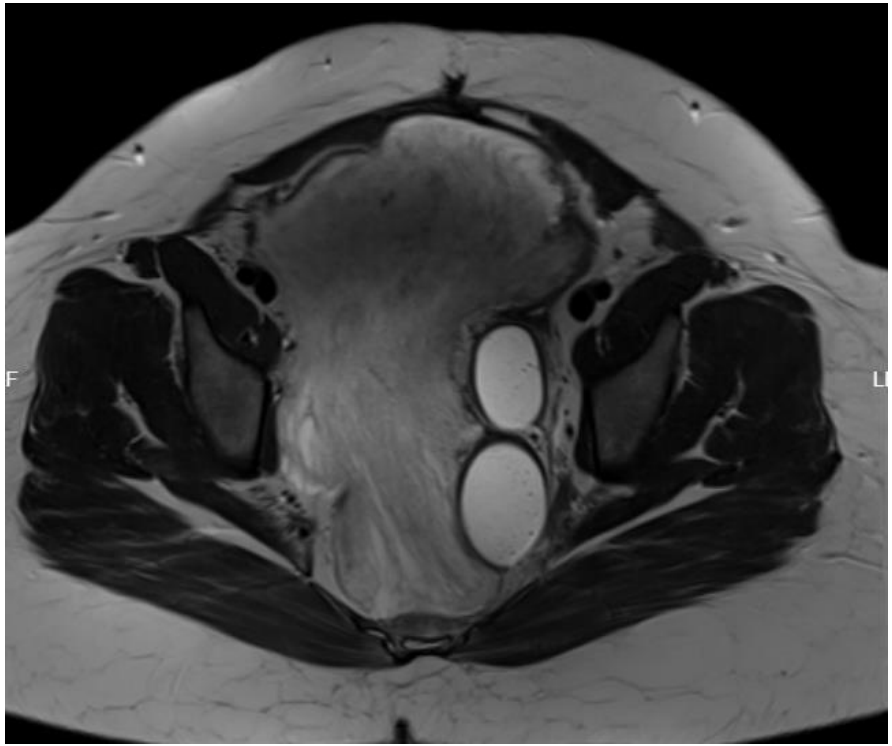
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1. ¿Differential diagnosis?
2. ¿What is the recommended therapeutic strategy?

- Hormonal therapy?
- Surgery?

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Leiomyosarcoma case

Case Discussion 5

Rodrigo Vásquez

Hospital Clínico Universidad de Chile

- Female, 52 years old, spanish teacher
- Medical history: Bilateral retinoblastoma bilateral, bilateral enucleation at 1 year old
- Leiomiosarcoma G2 periampular, with portal vein infiltration, op sept.2020 (Whipple surgery + partial portal resection)

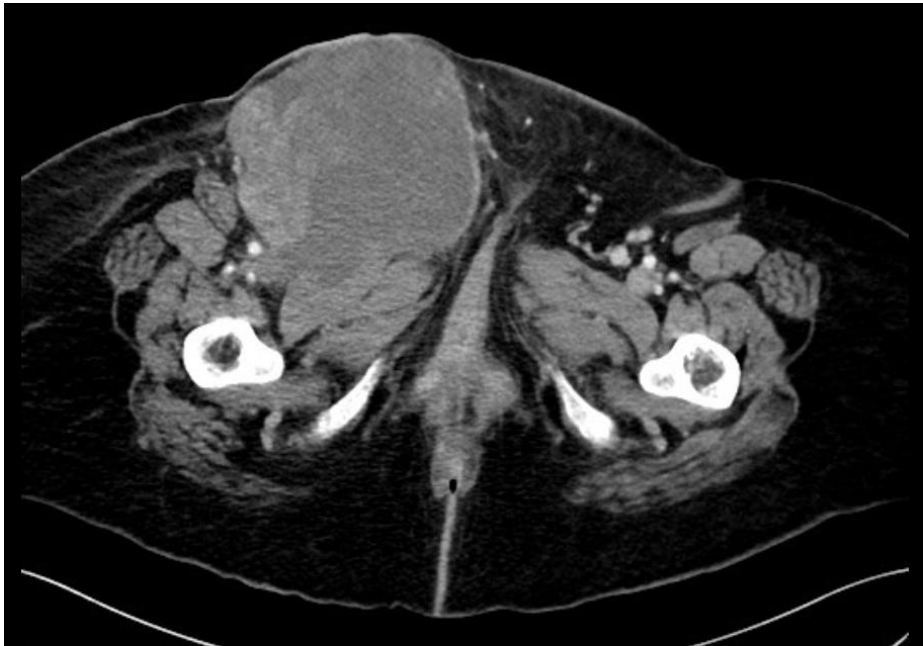
- Bp: tumor 8 x 7.5 x 6.5 cm. Necrosis >50%, 8 mit/field. Borders: + circumferential. Nodes 0/2. Portal vein +

- RT? Chemotherapy?

- 1L Doxorrubicin, 75mg/m2, well tolerated, since october 2021, 3 cycles

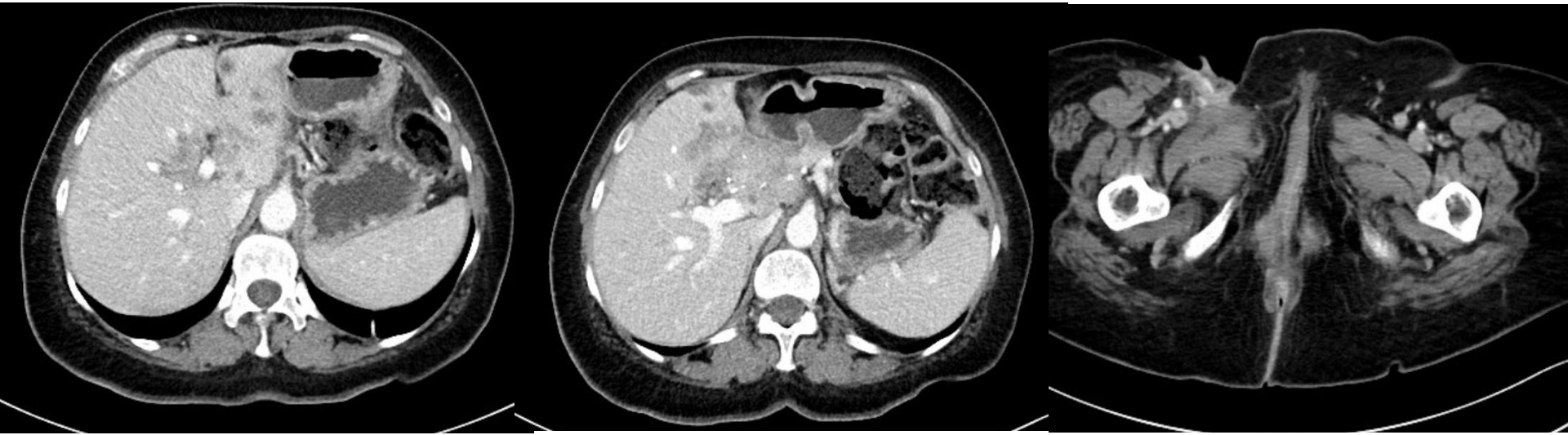
- CT december 2021: Liver and inguinal progression

- 2 L?



- 2L Pazopanib since 1 january 2022. Increase liver enzymes G1, HT G2, wound healing alterations and bleeding, with dose decrease

- CT 25 March 2022: Important decrease of inguinal lesion. New liver lesions, and size increase



3L?

- 3L dacarbazine/gemcitabine, since april 2022, well tolerated
- CT july 2022: stable disease