



MTB Selnet September 2022

Maycos Leandro Zapata M
Medical Oncology
IDC Auna – Las Américas
Internal Medicine UdeA



Cases

- Dr María Lucila González Donna: INCAN Paraguay
- Dr Diego Gonzalez: Clínica las Américas Medellín
- Dr Roman Oberti: COIR Mendoza Argentina
- Dra Alicia Quiroga: Hospital Pablo Tobón Uribe Medellín
- Maycos Leandro Zapata: Clínica las Américas Medellín
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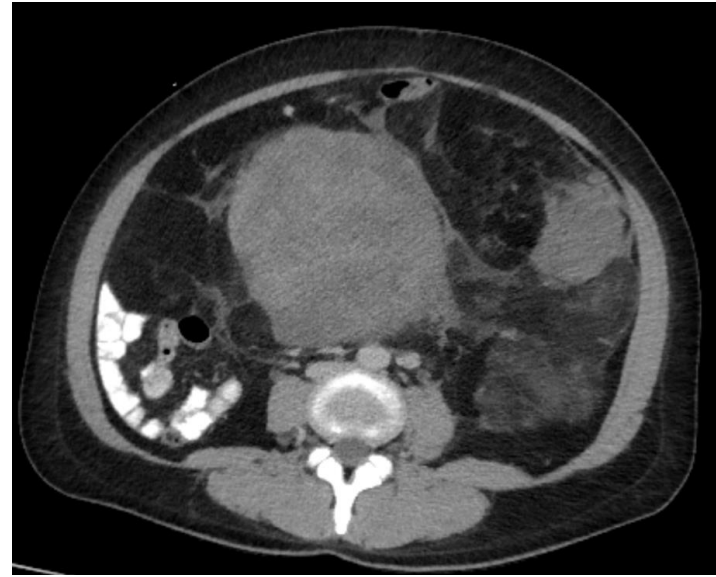
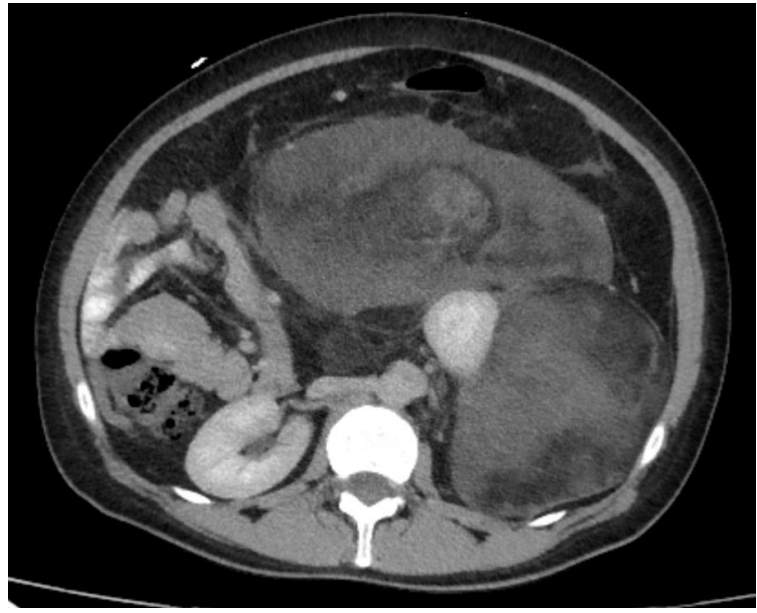
Virtual MDT SELNET

Instituto Nacional del Cáncer

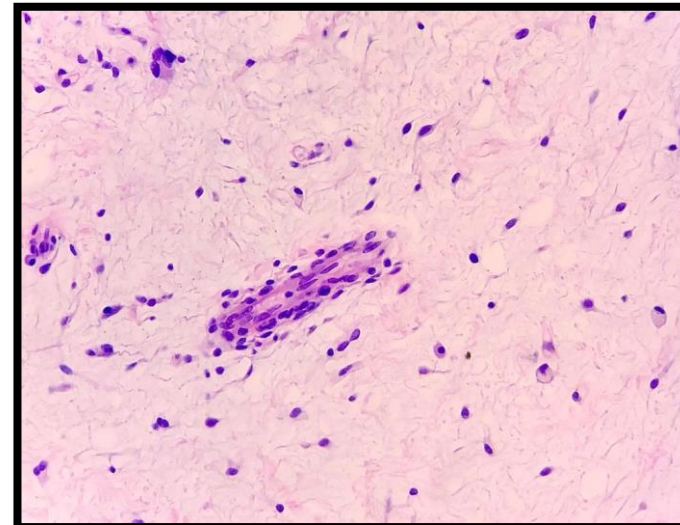
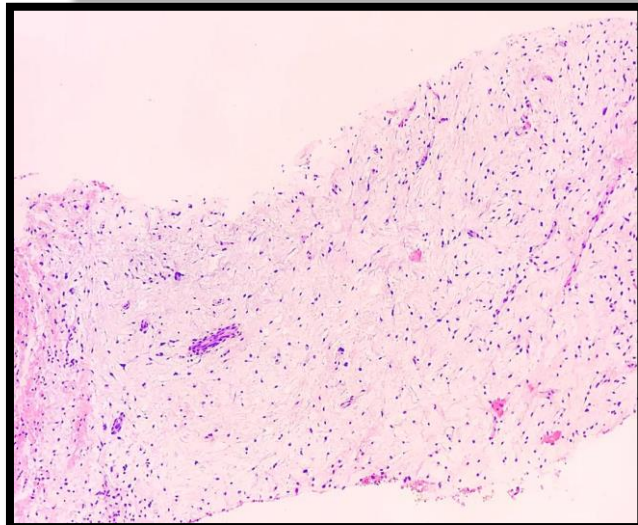
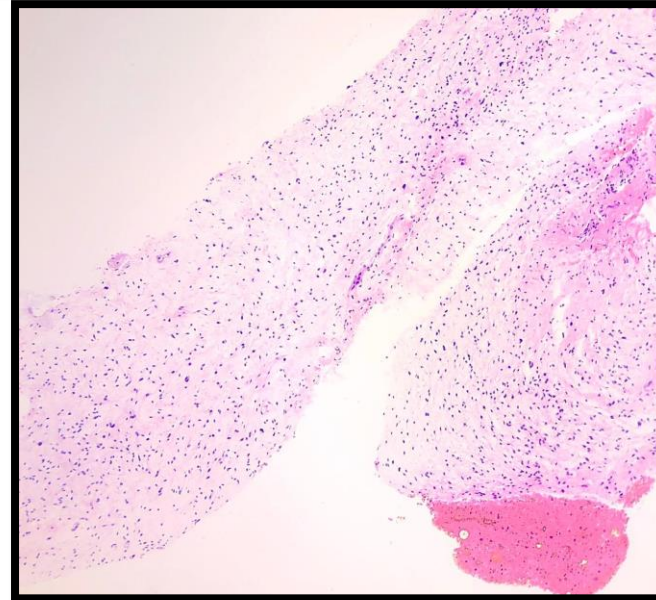
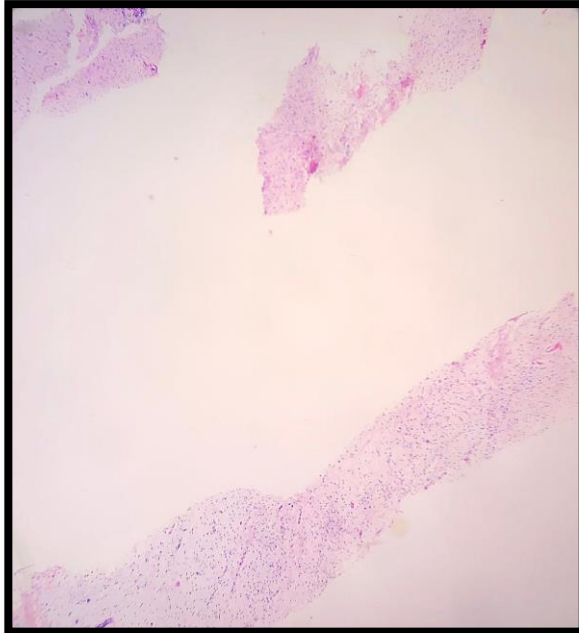
Paraguay

Sept 2022

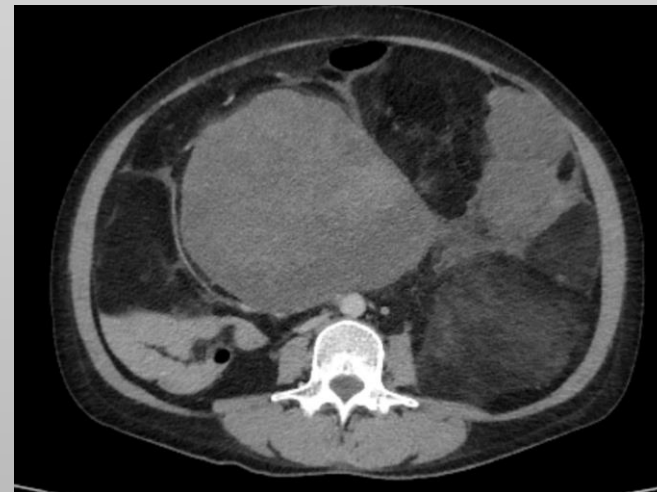
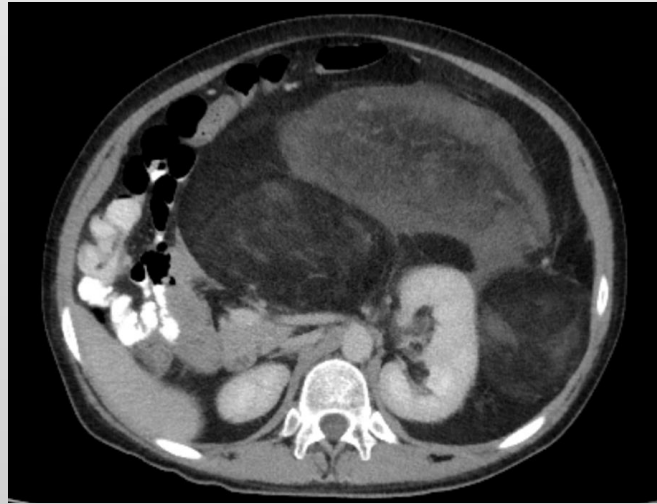
- 44yo female patient
- Refers 7mo history of weight loss, asthenia and increase in girth
- **CT scan 15/03/2022**: Retroperitoneal tumoral mass 33x27x22cm located behind the left kidney. Mainly fatty tissue with areas of necrosis



- **Core biopsy 22-516** : Liposarcoma with myxoid areas (Well diff liposarcoma vs. Myxoid liposarcoma)
- **IHC 22-135**: S100+ SMA - Desmin -



- **Neoadjuvant chemotherapy:** 3 cycles MAI (march-april-may 2022)
- CT scan 10/06/2022: Progression

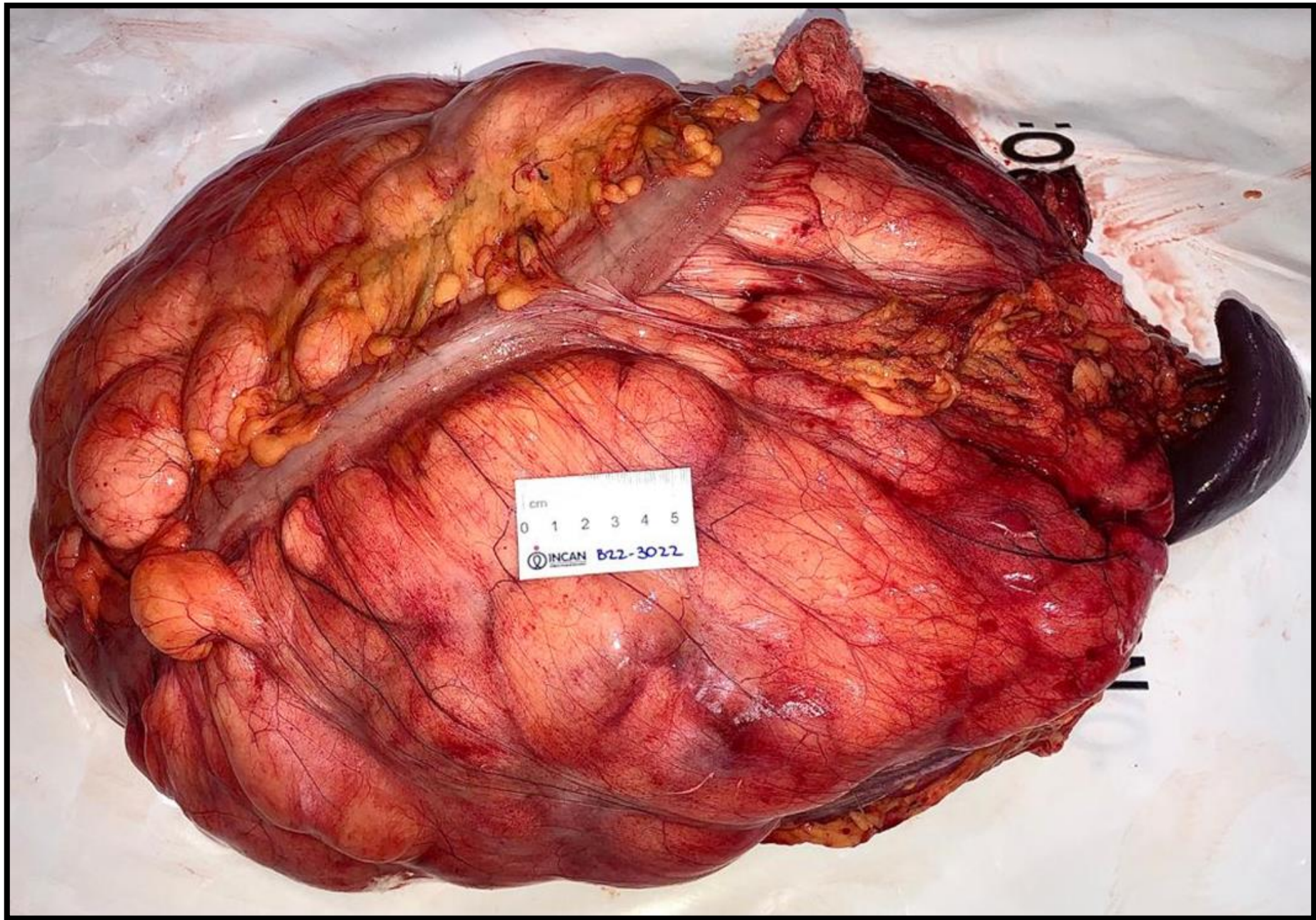


- MDTB 17/06/2022: Surgery

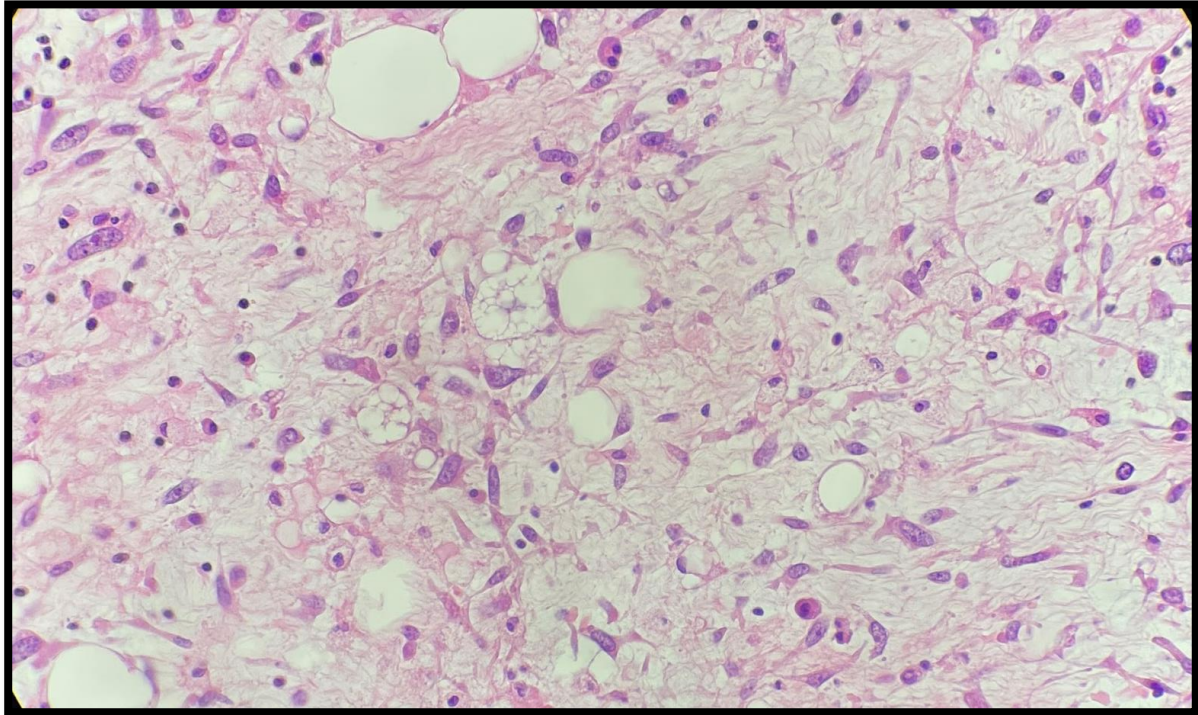
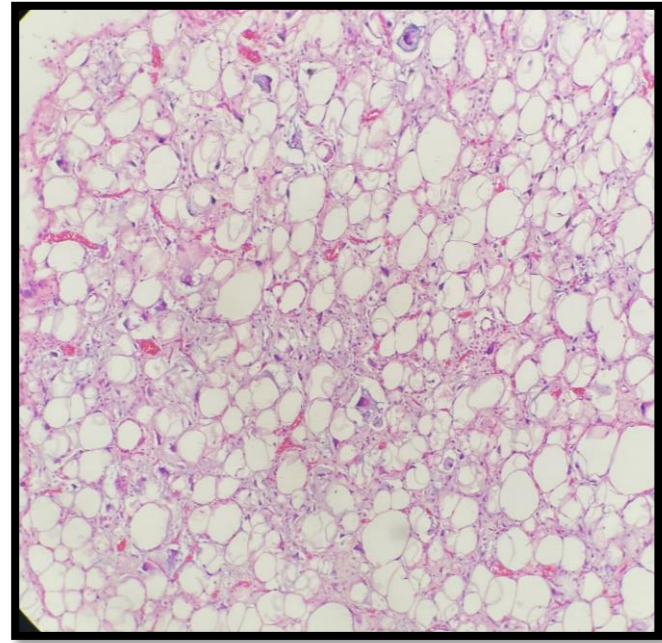
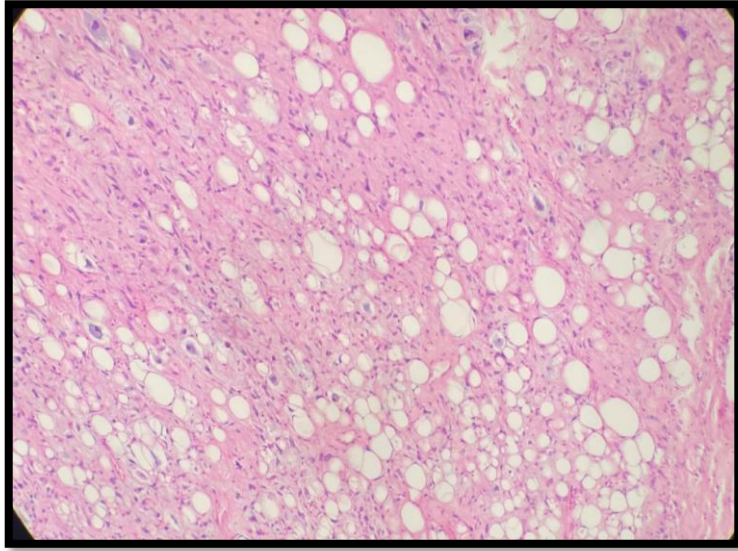
Surgical excision:

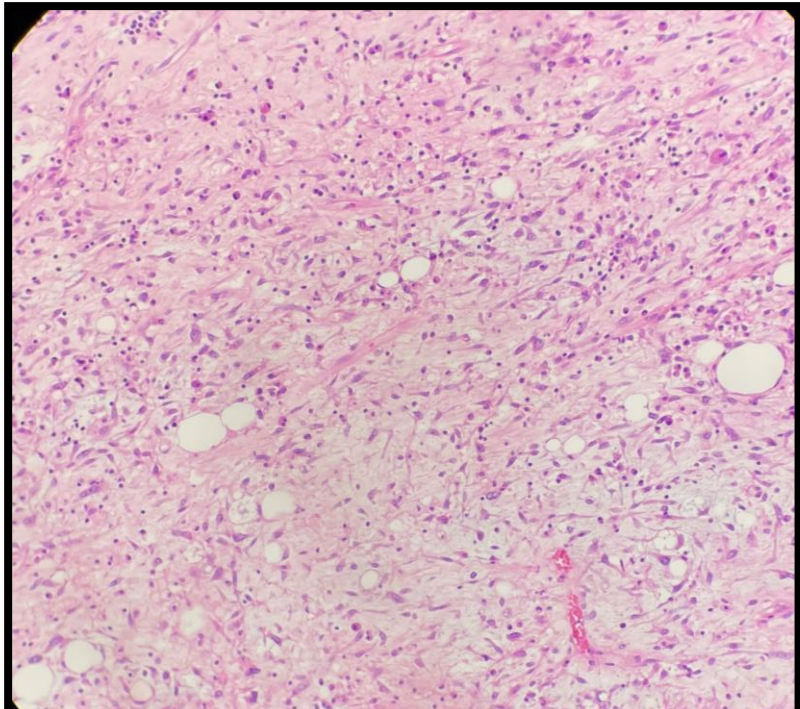
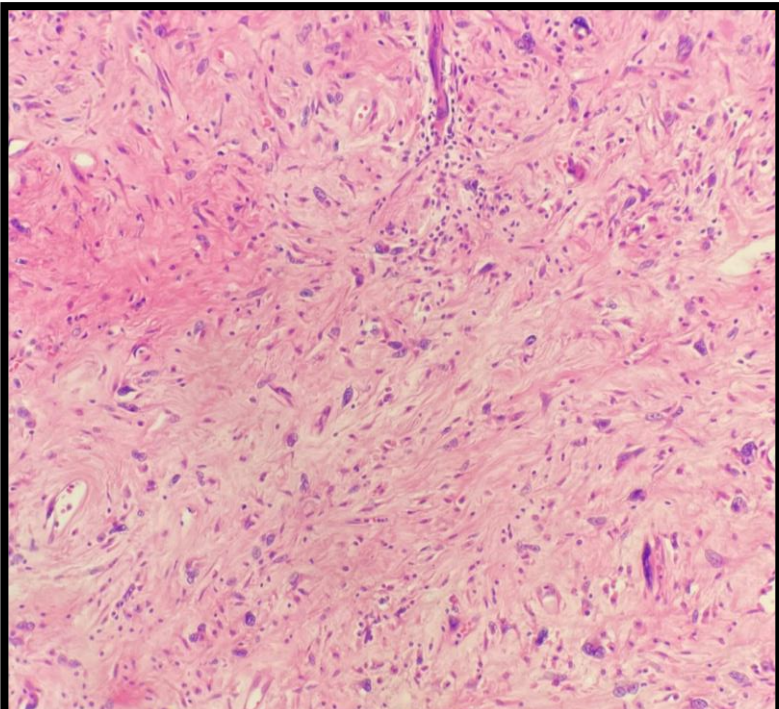
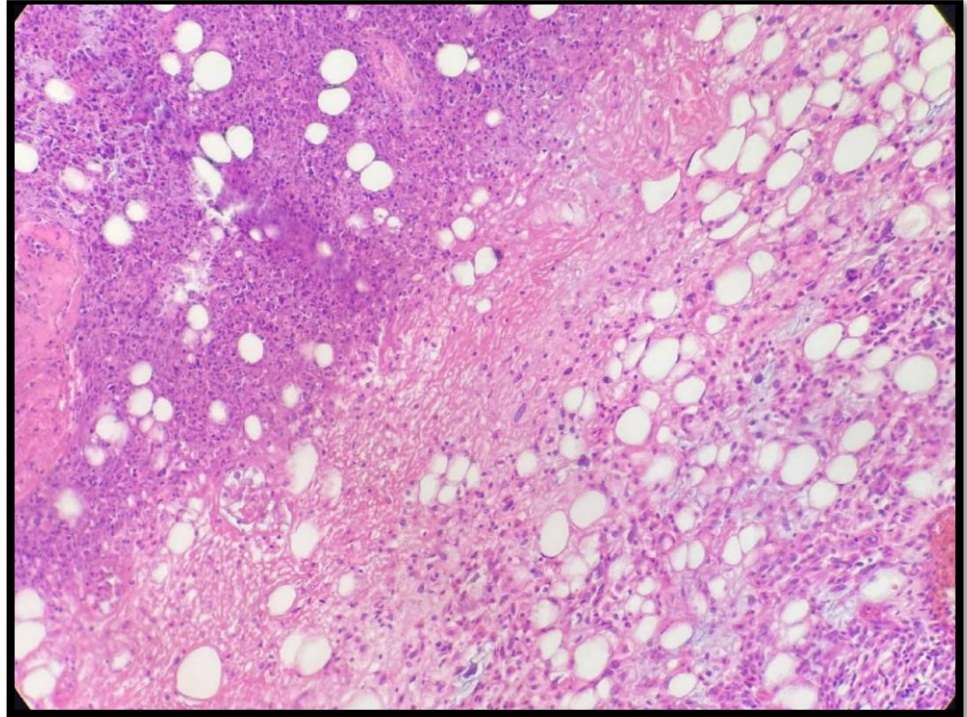
Block resection: excision of retroperitoneal compartment + left colon + pancreas + spleen+ left kidney











Discussion

- Low grade Dedifferentiated liposarcoma?
Dedifferentiated component is lipogenic:
Pleomorphic liposarcoma?
- Myxoid pleomorphic liposarcoma?
- Follow up and further treatment?

Cases

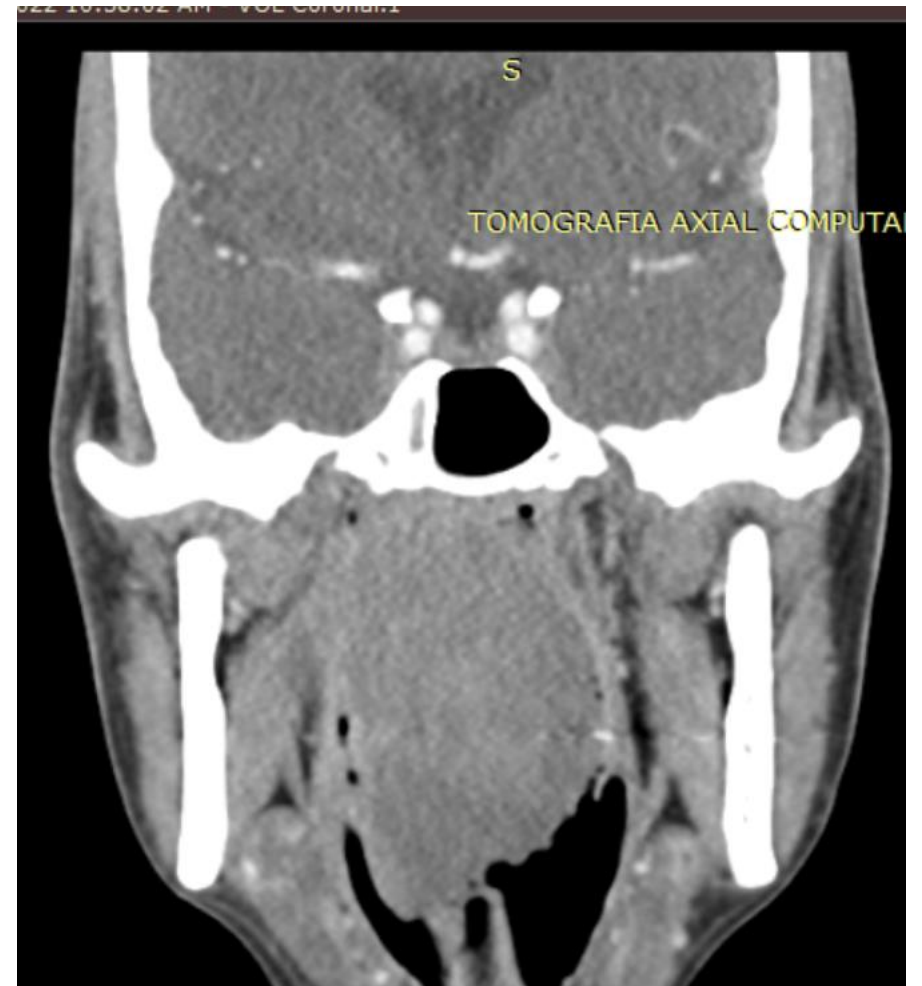
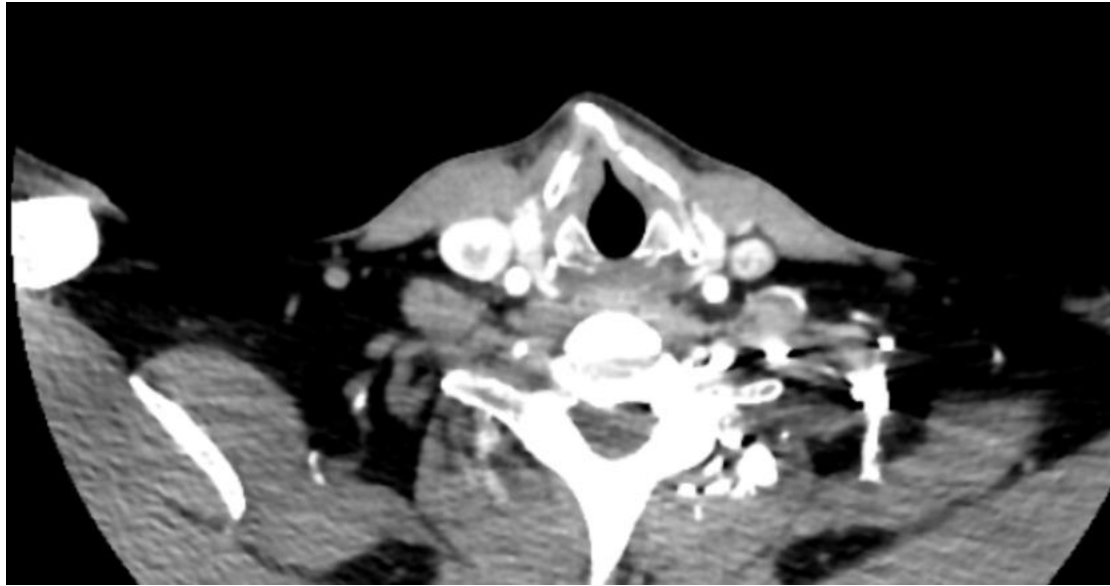
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Case 2: 38yo M

- Embryonal RMS dx 2015
 - VAC (with Adriamycin) 6 cycles
 - Sequential exclusive radiotherapy
- Local nasopharyngeal recurrence 2021
 - VAC (actinomycin D) Dec 2021 2 cycles with local progression
 - IE until Jul. 2022 cervical progressive disease

Case 2: 38yo M

- Patient went to surgery in another institution



Case 2: 38yo M

- Remain with local and regional lymph nodes
 - Resection R0 of nasopharyngeal and R2 in cervical lymph nodes Aug 2022
 - SBRT to cervical lymph nodes Aug. 2022
- First time in IDC Sep. 2022
 - No evidence of disease in conventional CT scans
 - Pending new PET CT SCAN after 12 weeks SBRT

Questions Case 2: 38yo M

- Any “adjuvant” therapy
- Our analysis
 - High Risk recurrence: Surgery performed during progressive disease, previous use of Cyclophosphamide. Recent VAC (6 months ago), progression disease during IE (2 months ago)
 - Third line Temozolomide plus irinotecan
 - Surveillance

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Sarcoma Committee

COIR - Mendoza - Argentina

Case 3: 15yo M

- Dec 2020: jaw pain. Antibiotics and NSAIDs no response.
- 1° biopsy: **MYXOMATOUS TUMOR**
- Jan 2021: tumor rapidly grows
- 2° biopsy: **HIGH-GRADE MESENCHYMAL NEOPLASM**
- Starts neoadjuvant treatment like alveolar rhabdomyosarcoma: Ifosfamide, Vincristine, Actinomycin D. Completes 3 cycles.
- Apr 2021: SURGERY
- Pathology: no tumor (pCR)
- Completes 3 cycles post operatory: : Ifosfamide, Vincristine, Actinomycin D + **Doxorubicin** (until July).



Pathological review (2° Biopsy) – H. Garrahan & EEUU

Negative immunohistochemistry:

- EMA
- P63
- SMA
- S100
- GFAP
- INSM1
- CD34
- Pan-TRK

Se envió el caso en consulta al Dr Christopher D.M. Fletcher , Hospital Brigham and Women`s Hospital, Harvard Medical School, Boston, USA que respondió:

"Se trata de un tumor muy inusual que es difícil de clasificar con certeza.

La lesión tiene un patrón organoide compuesto por playas de células tumorales separadas por bandas de estroma fibrovascular. Las células de la lesión son redondeadas, de núcleos ovoides o más fusiformes y citoplasma eosinofílico.

Los núcleos son atípicos y vesiculares .Hay figuras mitóticas fácilmente identificables.

Las células neoplásicas no tienen ningún patrón arquitectural en particular, pero parece tener un patrón de crecimiento discohesivo.

Las inmunotinciones no han logrado demostrar ninguna evidencia de una línea específica de diferenciación; las células

neoplásicas son negativas para panqueratina, EMA, p63, SMA, proteína S100, GFAP, INSM1(marcador neuroendocrino),CD34 y pan-TRK. Lamentablemente, en estas circunstancias, no puedo hacer nada mejor que etiquetar esto como un

neoplasia de células fusiformes y epitelioides maligna indiferenciada. Por motivos morfológicos, este parece más probable que represente algún tipo de sarcoma, pero las apariencias no encajan perfectamente con ninguna

"entidad" claramente definida. Histológicamente, la lesión parece ser de grado intermedio (aunque puede que haya áreas de necrosis en otros lugares), pero la clasificación es de valor cuestionable cuando no tenemos evidencia clara cual es la naturaleza de la neoplasia".

Diagnóstico

ROTULADO " TUMOR DE PISO DE BOCA"; TACO 48796; CONSULTA EXTRAHOSPITALARIA:
NEOPLASIA MALIGNA INDIFERENCIADA DE CELULAS FUSIFORMES Y EPITELOIDES.

NOTA: EL CASO FUE CONSULTADO CON EL DR. CHRISTOPHER FLETCHER, BRIGHAM AND WOMEN`S HOSPITAL, HARVARD MEDICAL SCHOOL. (LEER MICRO).

SNOMED

D1-F2106 neoplasia maligna secundaria de las partes blandas de la cabeza (trastorno)

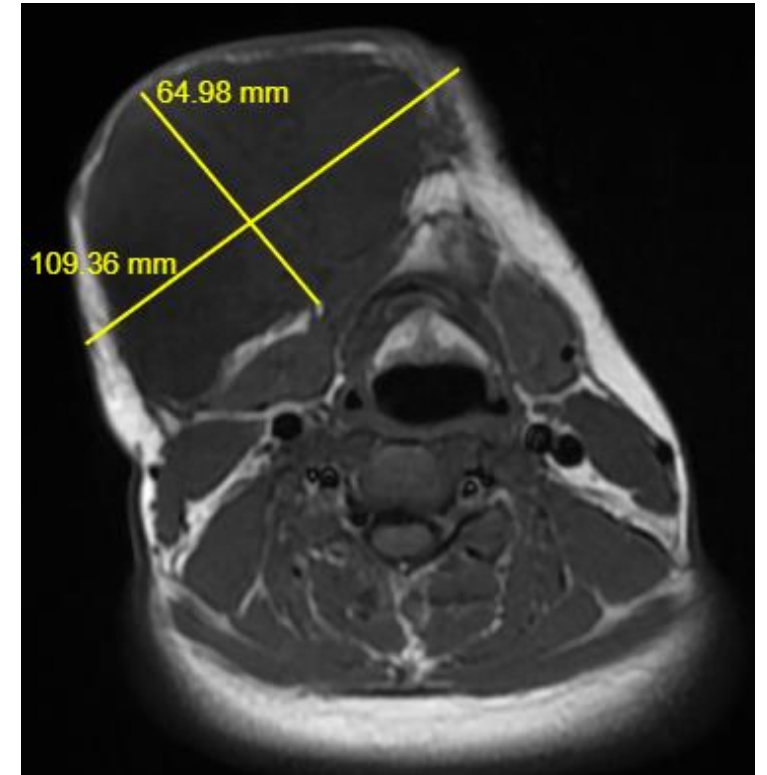
- Jan 2022: new mandibular tumor
- PET/CT (Feb): local recurrence
- New Biopsy: **HIGH GRADE MALIGNANCY**
- Vincristine, Irinotecan, Temozolomide. 2 cycles (feb-mar 2022).
- No tumor response (progression)
- MR Apr: Significant tumor growth



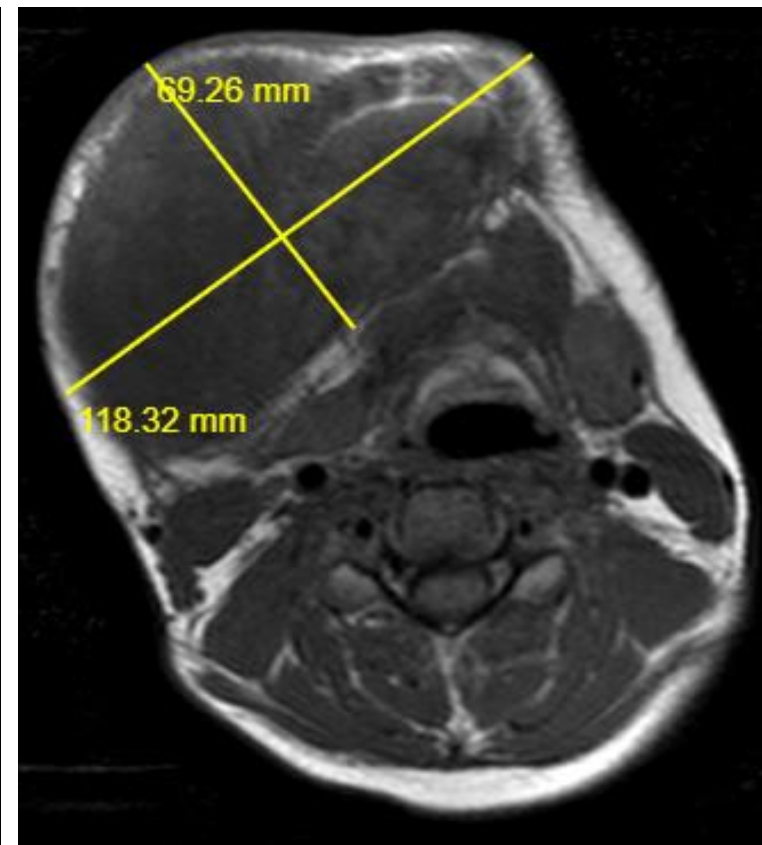
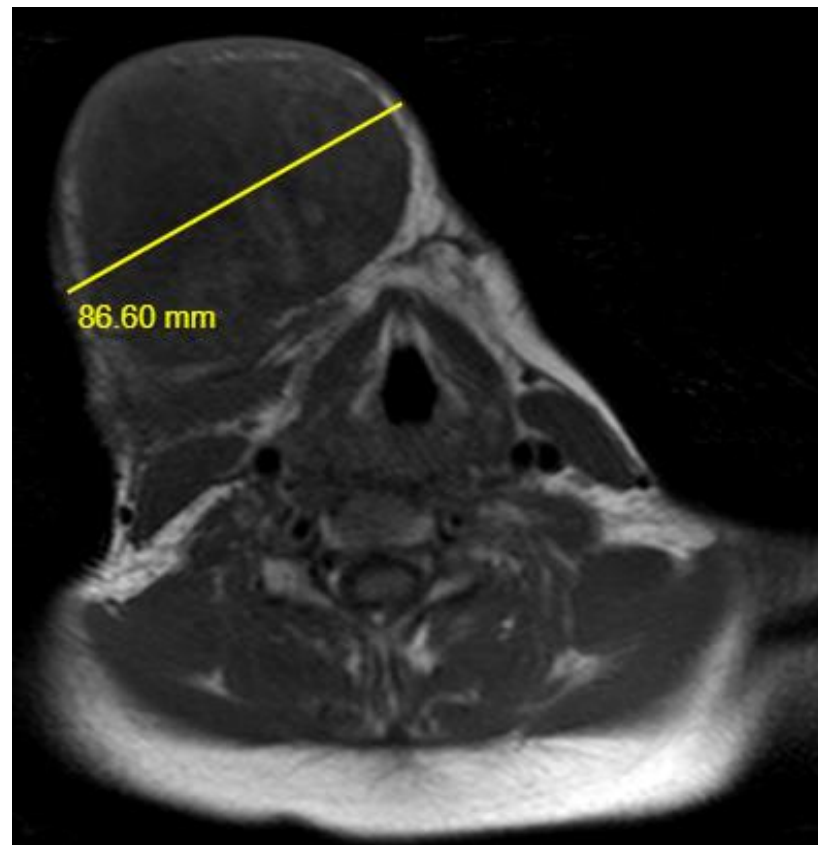
Feb
PET/CT



Apr MR



- May 2022: Starts Ifosfamide + Etoposide, first 2 cycles alone. Cycles 3-5 concurrent RT (55.8 Gy). May-Aug.
- MR Aug: Tumor with no significant changes (ED?)



Summary



Dec 2020	Jan 2021	Apr 2021	Feb 2022	Apr 2022	Jun 2022	Jul 2022	Aug 2022
	Ifosfamide Vincristine Actinomycin D x 3	Surgery Ifosfamide Vincristine Actinomycin D Doxorubicin x 3	Vincristine Irinotecan Temozolomide x 2		Ifosfamide Etoposide x 2		Ifosfamide Etoposide + RT x 3

15 y.o. man, with undifferentiated locally advanced unresectable tumor of the jaw without distant disease. No response to chemo and chemo-radiotherapy regimes, with no major treatment related adverse events.

-Management? Another chemo?

Cases

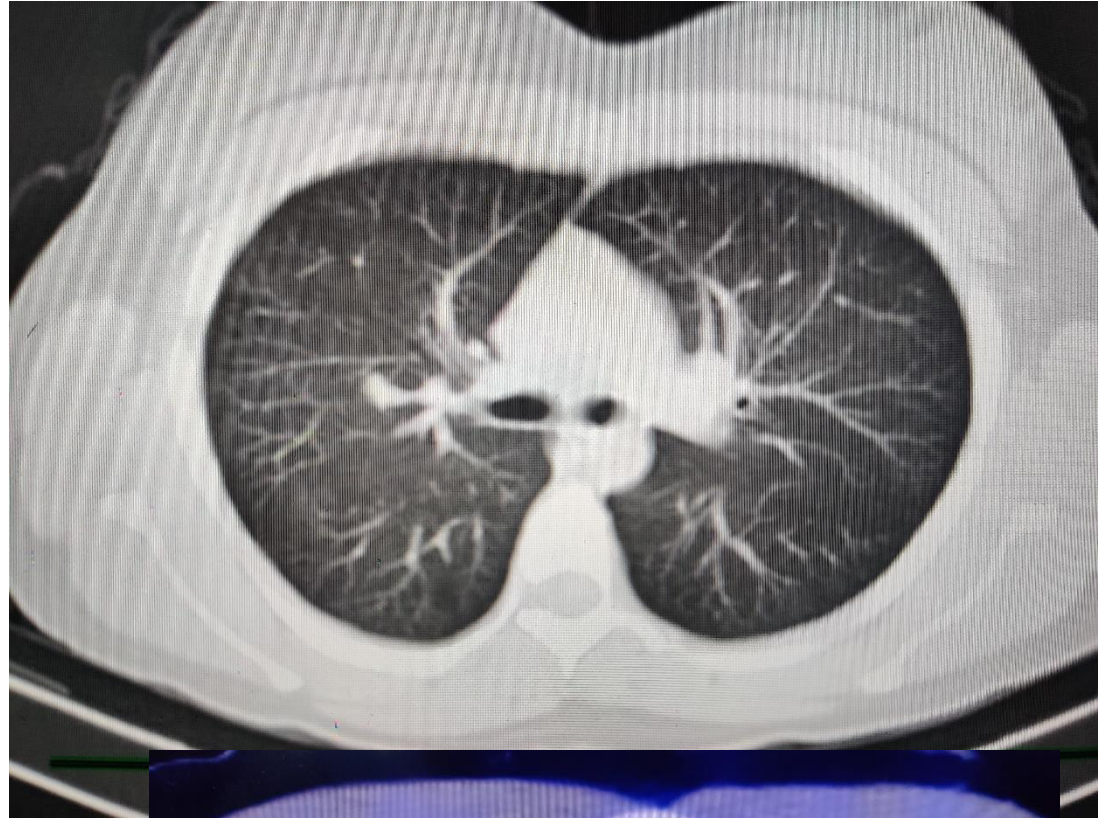
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Case 4: 19yo F

- Apr 2014: Conventional high-grade osteosarcoma (epithelioid and giant cell-rich variants) in the right distal tibia with lung metastases
 - MAP-IE, Limb salvage surgery and resection of 1 right pulmonary nodule
 - Completed adjuvant treatment in June 2015
- Nov 2020: Conventional high-grade osteosarcoma of the right fibula (late recurrence vs second neoplasm), with lung metastases.
 - Radical local control surgery (infracondylar amputation of the lower right limb) on 11/09/2020
 - Pulmonary right metastasectomy on 27/11/2020 (1 nodule 9x7mm)
 - Adjuvant chemotherapy with Ifosfamide/Etoposide and Methotrexate, completed in May/2021

Case 4: 19yo F

- March/2022: Lung relapse: two pulmonary nodules
 - Pulmonary metastasectomy on 05/02/22 (2 nodules)
 - Foundation ONE Heme positive for NF2 mutation pending confirmation on germ-line
- Thorax surgeon propose new resection and due to the proximity of the lobar hilum, it requires posterior anatomical segmentectomy of the right upper lobe (S3)



Questions Case 3: 19yo F

- Patient is not willing to receive chemo
- Only Resection?
 - If remain measure disease
 - Systemic treatment option (Have received MAP-IE, M-IE 1y ago)

Cases

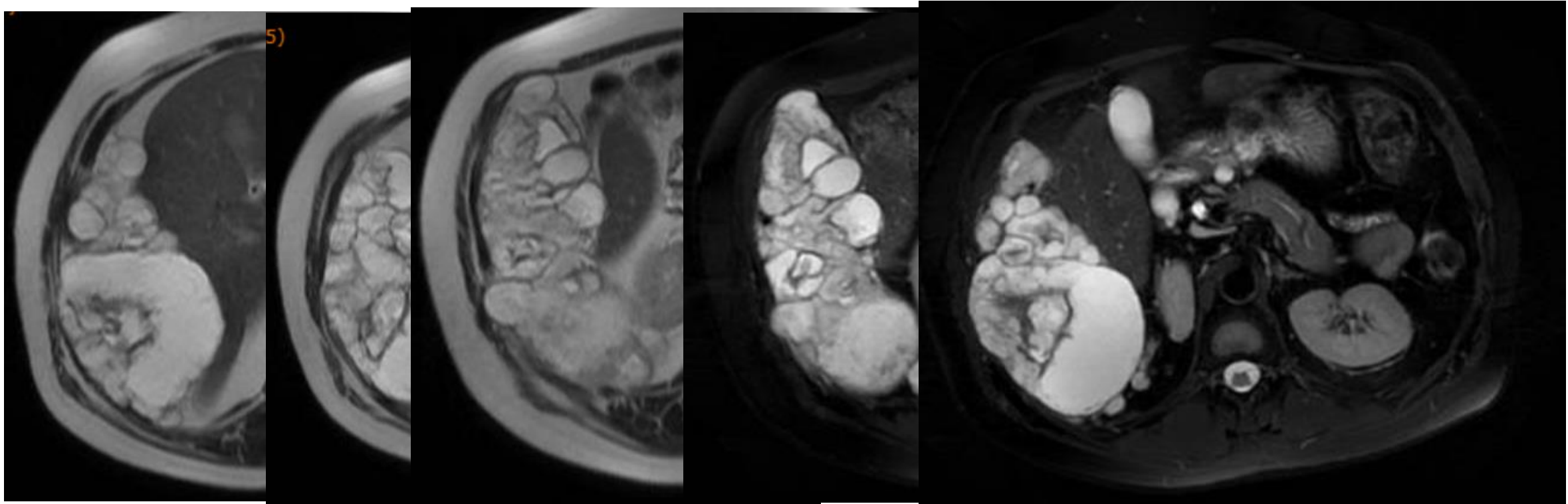
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Case 5: 58yo F

- 1y thorax wall mass
- Dec 2021 Biopsy: Hyalin cartilage vs Chondroid neoplasm

Case 5: 58yo F

- Apr 2022 MTB: Images → Low grade Chondroid tumor

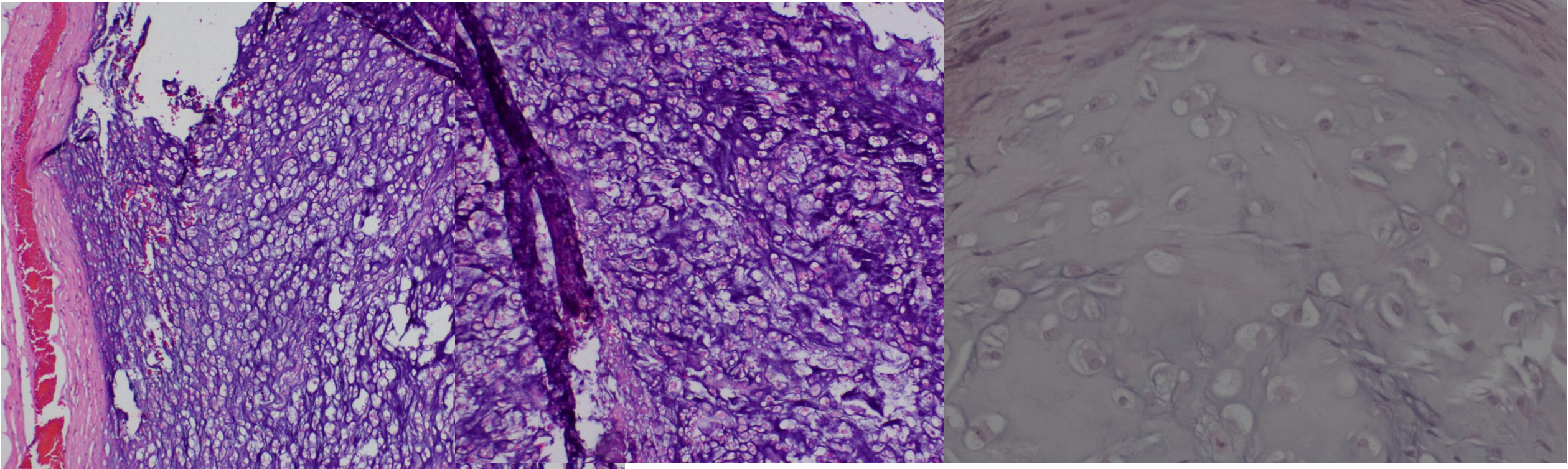


Case 5: 58yo F

- Apr 2022: Tumor resection, partial hepatectomy, diaphragmatic resection, peritoneal resection without residual visible implants non apparent residual disease
 - Soft tissue mass with retroperitoneal extension (right level II) and the abdominal wall with peritoneal implants in mesentery, uterus posterior wall, omentum

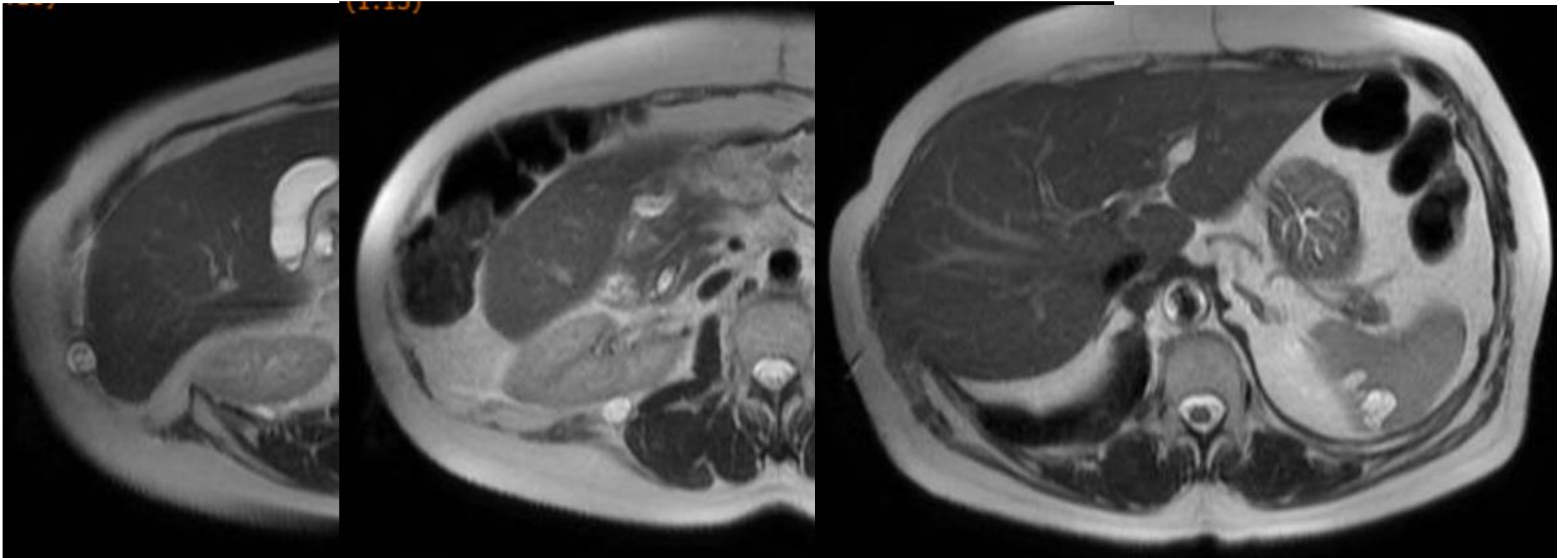
Case 5: 58yo F

- Grade II Conventional Chondrosarcoma, peritoneum implants.
- MDT: observation



Case 5: 58yo F

- Aug 2022



Questions Case 5: 58yo F

- In retrospective
 - What do you think about only macroscopical resection vs complete peritoneal resection
 - Did you offer initial adjuvant treatment?
- New cytoreduction no consider for this early recurrent disease
 - Any systemic treatment
 - Single agent sequential treatment: Adriamycin, Pazopanib/sunitinib,
 - Combination treatment: AI, A+CDDP.
 - Observation until symptomatic disease

Cases

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Gema Aguil



Case 6: 51y F

- Posterior region of right thigh lesion with fast growing
- MRI shows extensive solid, lobulated and heterogeneous region with 6.5 x 9.5 x 10 cm in popliteal region.
- Pathology report and immunohistochemistry: solitary fibrous tumor



Case 6: 51y F

ESTUDIO HISTOPATOLÓGICO

Solicitado por : Dr. CVEJANOV, CLAUDIO
Paciente : **GONZALEZ, JAQUELINA JEZABEL**
Documento N°: 21.809.671
Edad : 52 Años
Material : TUMOR DE PARTES BLANDAS (HUECO POPLITEO DERECHO)
Exámen N° : B-00221069

MACROSCOPIA

Siete cilindros de tejido, que miden entre 0,3 cm y 1 cm. Presentan coloración blancogrisácea, contornos irregulares y consistencia firme-elástica. Se incluyen y procesan en su totalidad.

MICROSCOPIA

Las secciones histológicas evaluadas muestran tumor constituido por una combinación o alternancia de áreas hipocelulares e hipercelulares, separadas unas de otras por bandas de variable espesor según las áreas, de tejido colágeno hialino, de tipo "queloide" y donde destaca una red vascular prominente, de vasos ramificados de tipo hemangiopericitoma.

Las áreas celulares están compuestas por células fusadas con escaso citoplasma de bordes imprecisos y núcleos vesiculosos con distribución irregular de la cromatina.

La actividad mitótica no excede las tres mitosis en diez (10) campos de alto poder de resolución. Se agrega fibrosis e infiltrado intersticial de mastocitos.

El tumor no presenta focos de necrosis.

DIAGNOSTICO

HALLAZGOS HISTOLOGICOS VINCULABLES A NEOPLASIA FIBROHISTIOCITICA.-

Nota: Son necesarias técnicas de Inmunohistoquímica para fenotipificar la lesión y descartar en primera instancia a Tumor Fibroso Solitario.

INFORME COMPLEMENTARIO (09/09/2022):

Se realizaron técnicas de Inmunohistoquímica con sistema automatizado VENTANA BENCHMARK XT (Ventana Medical Systems Tucson AZ. Metodo de Revelado: Ultraview Universal DAB Detection u Optiview DAB ICH Detection Kit, según protocolo) con los siguientes anticuerpos:

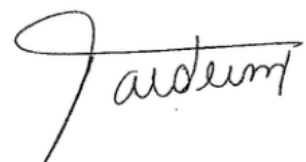
Citoqueratinas AE1-AE3: negativas.


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Desmina: negativa.
CD34: positivo.
STAT6: positivo.
K16/: 2%

CONCLUSION: EL INMUNOFENOTIPO OBSERVADO FAVORECE A TUMOR FIBROSO SOLITARIO.-

Nota: En la muestra evaluada la lesión corresponde a Bajo Riesgo según sistema de estratificación de riesgo de Demicco.

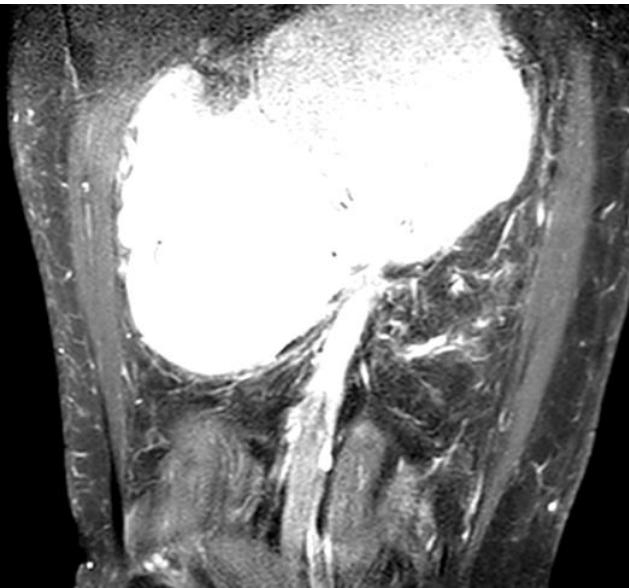
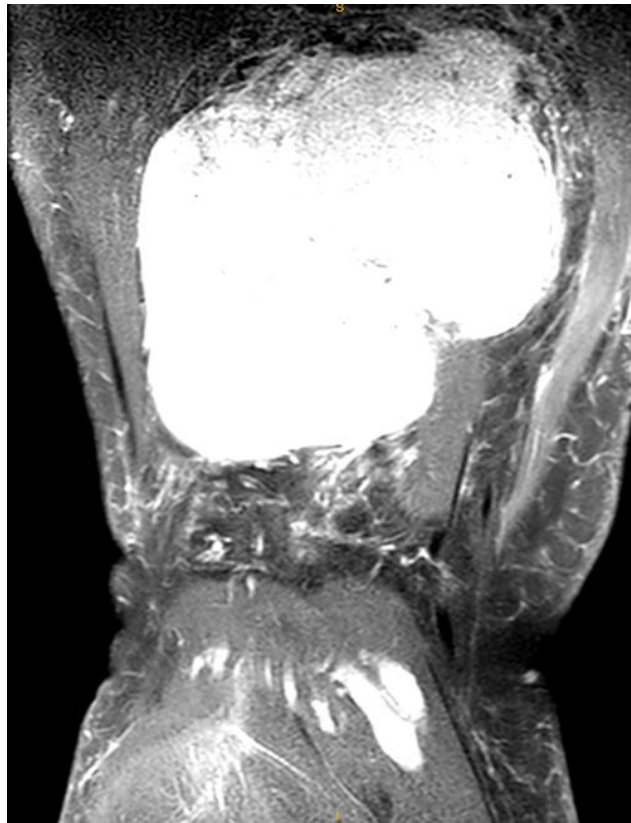
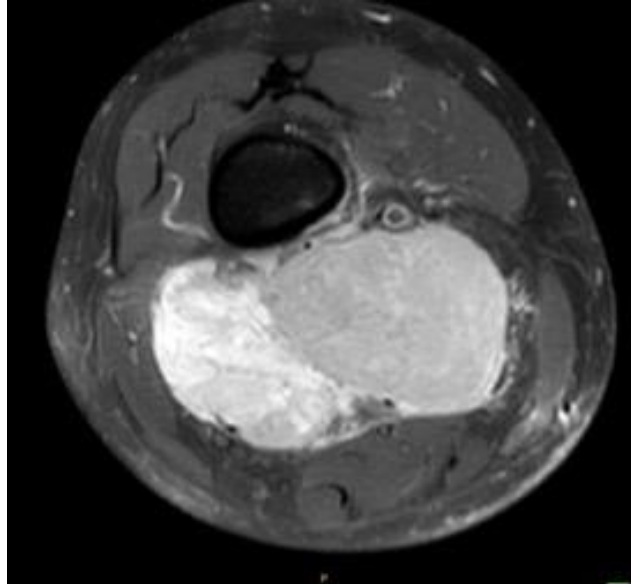

Dra. PAULA VALDEMOROS
ANATOMOPATOLOGA - M.P. 8326


Dra. ALEJANDRA LEGA
ANATOMOPATOLOGA - M.P. 3854

Atentamente
17/08/2022

//

Case 6: 51y F



- Lesion of It 13cm x 9.6 x 6cm,
- After administration of contrast material, heterogeneous enhancement of the lesion.
- Mild edema of the neighboring soft parts is associated.
- The lesion referred to shows contact with the sciatic nerve and its branches to which it displaces.
- Shows proximity to the femur and impresses minimal contact with it in some sectors.
- Thorax and abdomen without evidence of disease

Questions Case 6: 51yo F

- Oncological Surgery resection is not possible.
- Neo-adjuvant treatment?
- Pazopanib?
- Temozolomide plus bevacizumab?
- Anthracyclines?

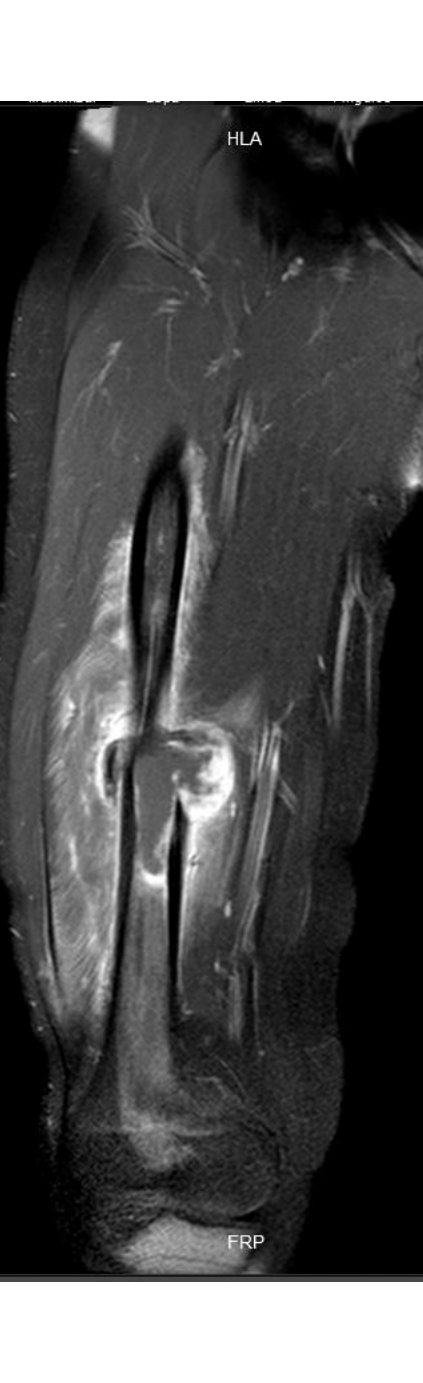
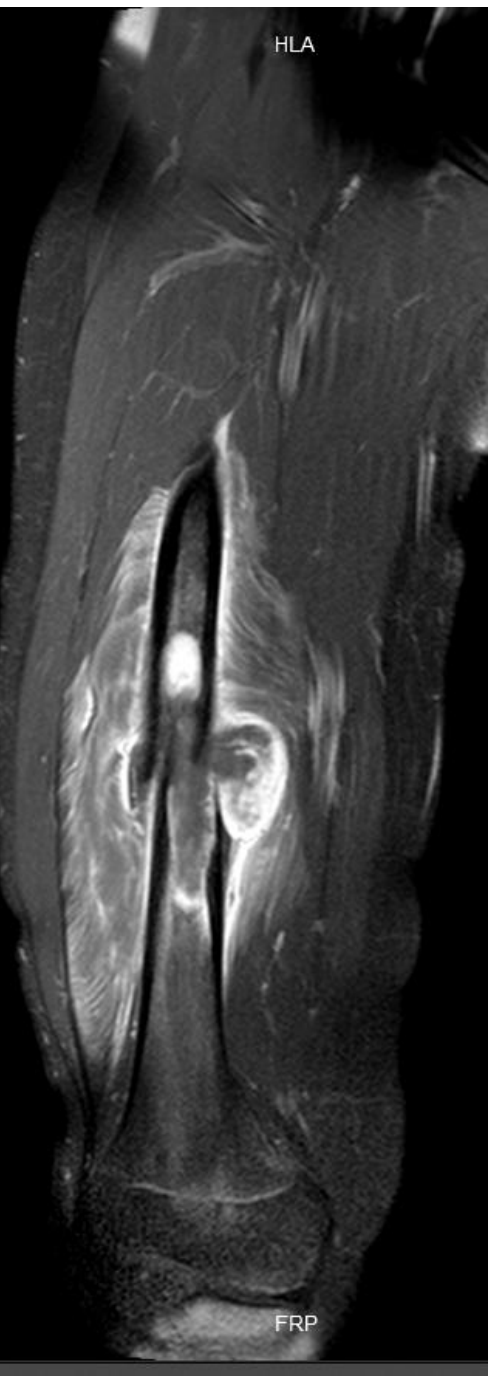
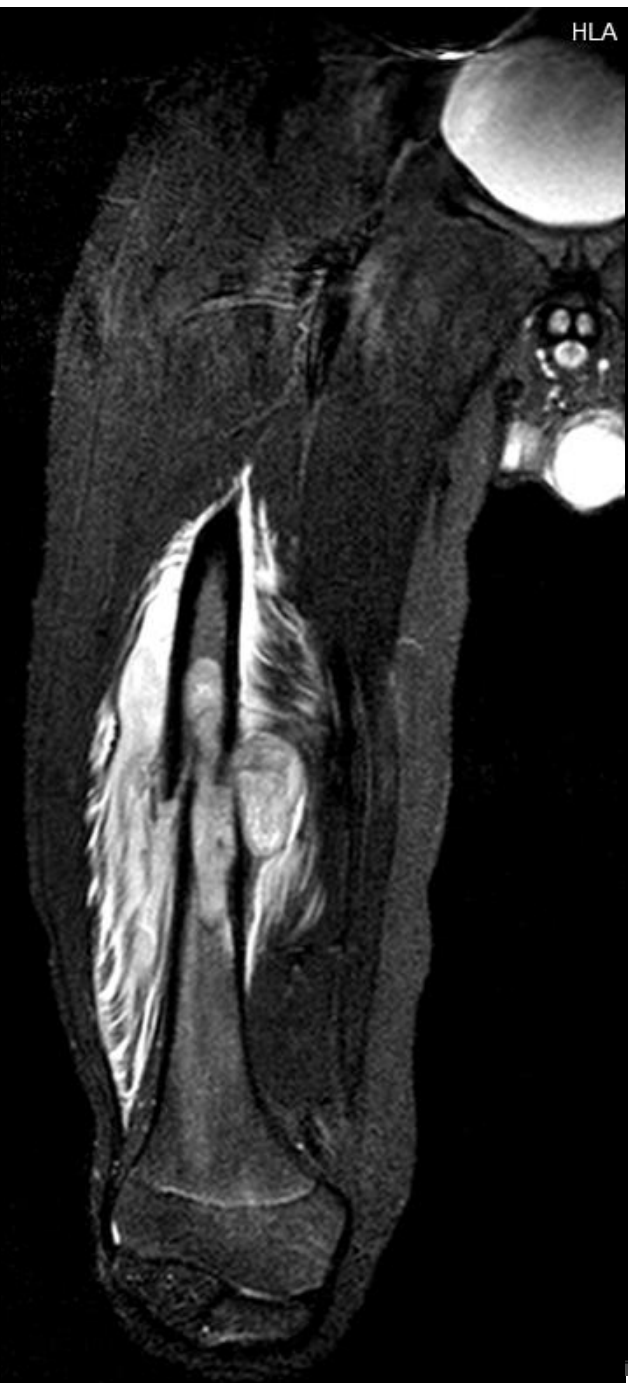
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Case 7: 15yo M

- In context of low impact trauma



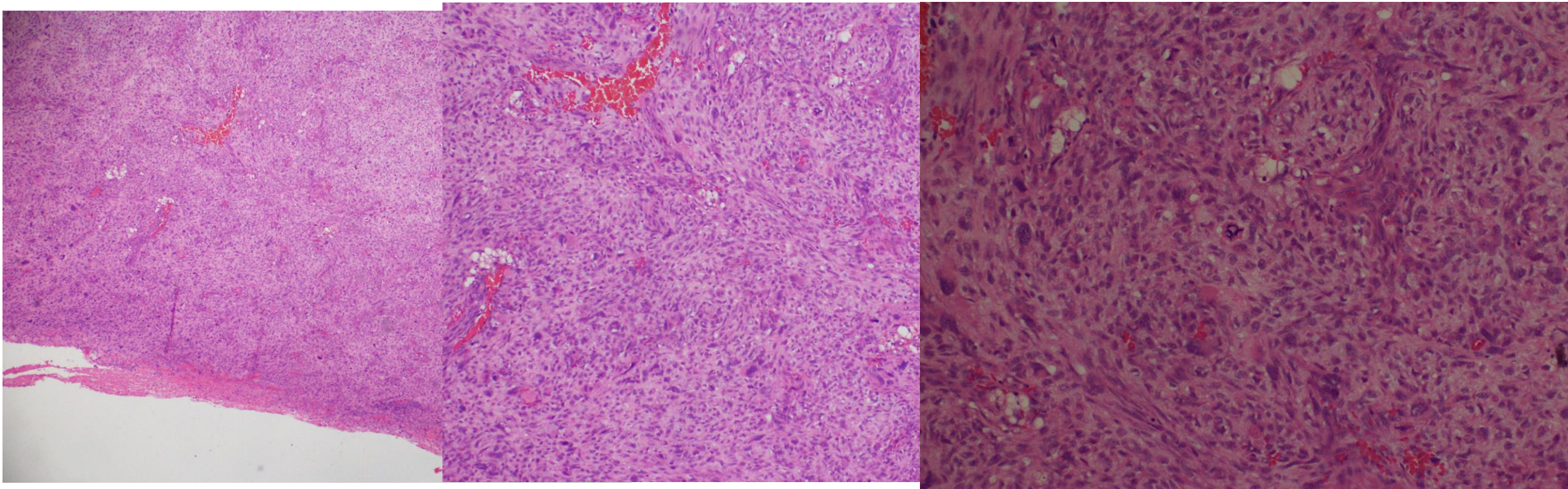


Case 7: 15yo M



Case 7: 15yo M

- Bone curettage: Primary bone UPS

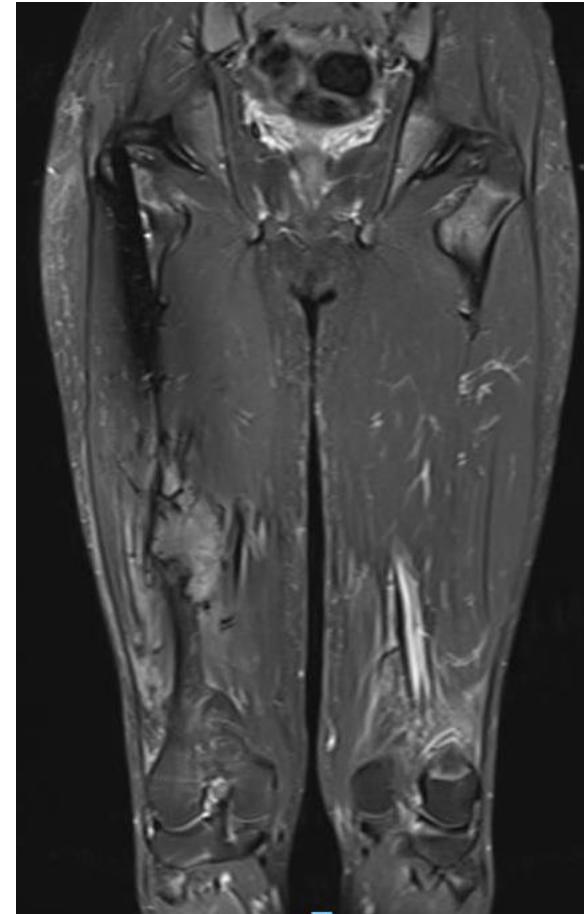
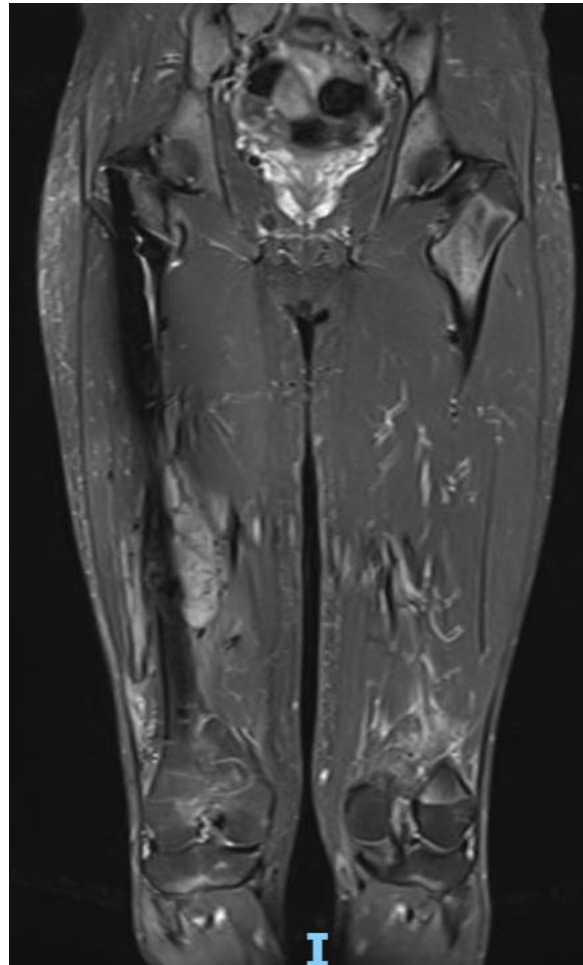
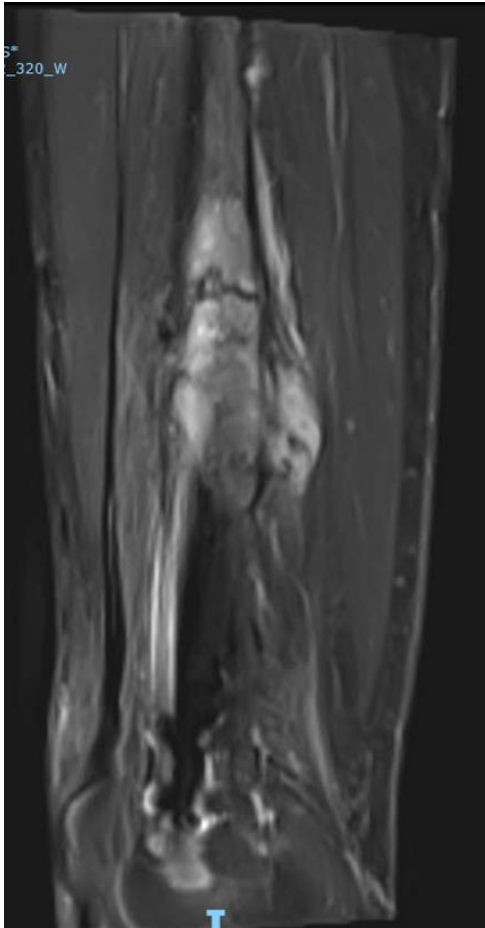


Case 7: 15yo M

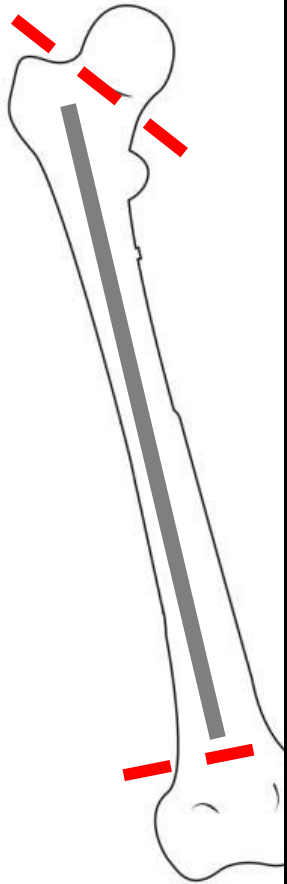
- MTB
 - Start with neoadjuvant AI 3 cycles (A:75mg/m² and I: 9gr/m² per cycle)
- Neoadjuvant RT was planned between 2-3 cycle 55Gy
 - Cycle 1 10/may/2022, 2 01/jun/2022
 - RT starts 06/jun/2022
 - 22/jun/2022

Case 7: 15yo M

- Thorax/Abdomen CT Scan without metastatic disease



Questions Case 7: 15yo M



- Non amputation strategy
 - Any concern with intramedullary “contamination”
- Still consider amputation?
- Nomogram risk calculation in non common presentation