



SELNET MDT OCTOBER 2024

IPS PARAGUAY

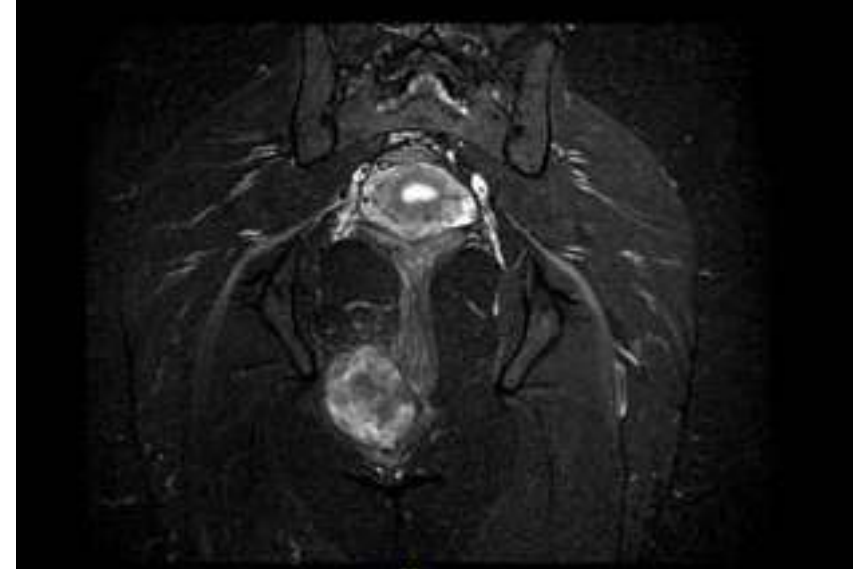
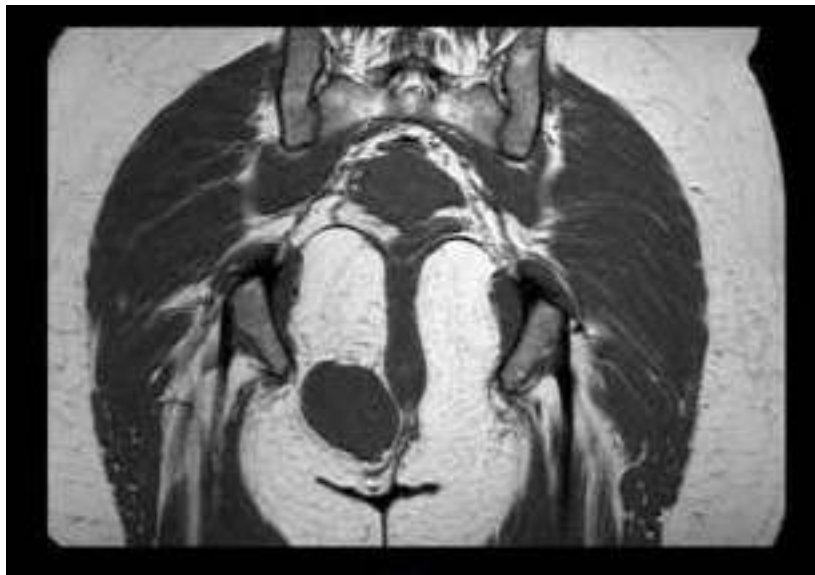
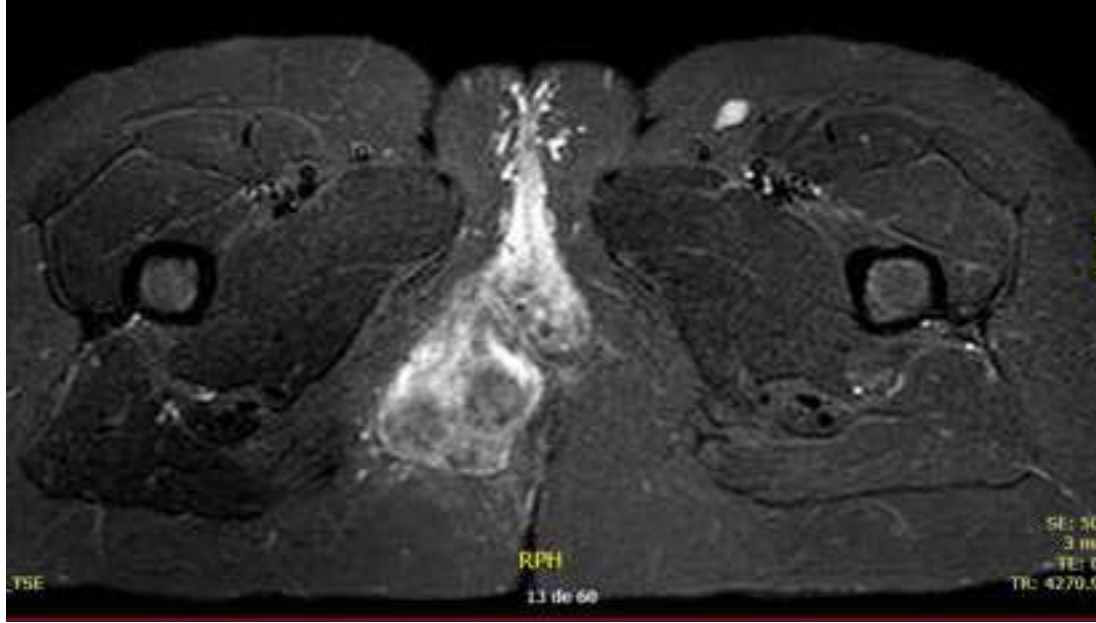


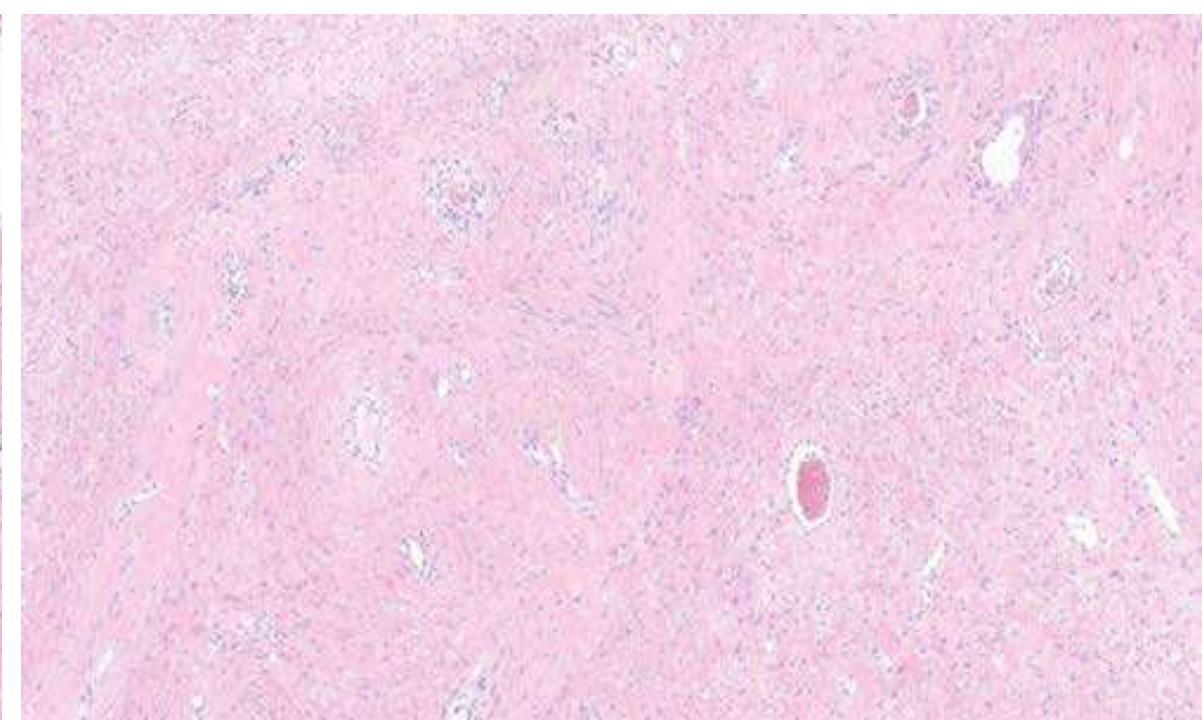
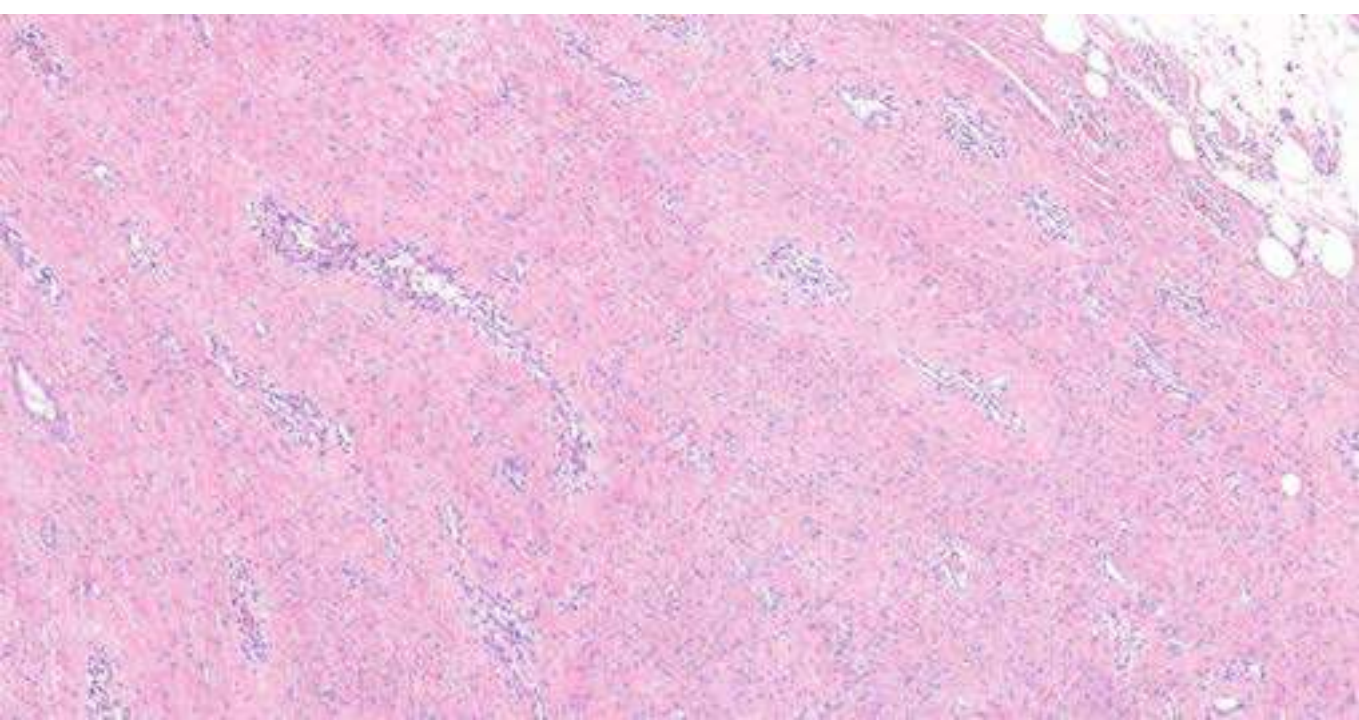
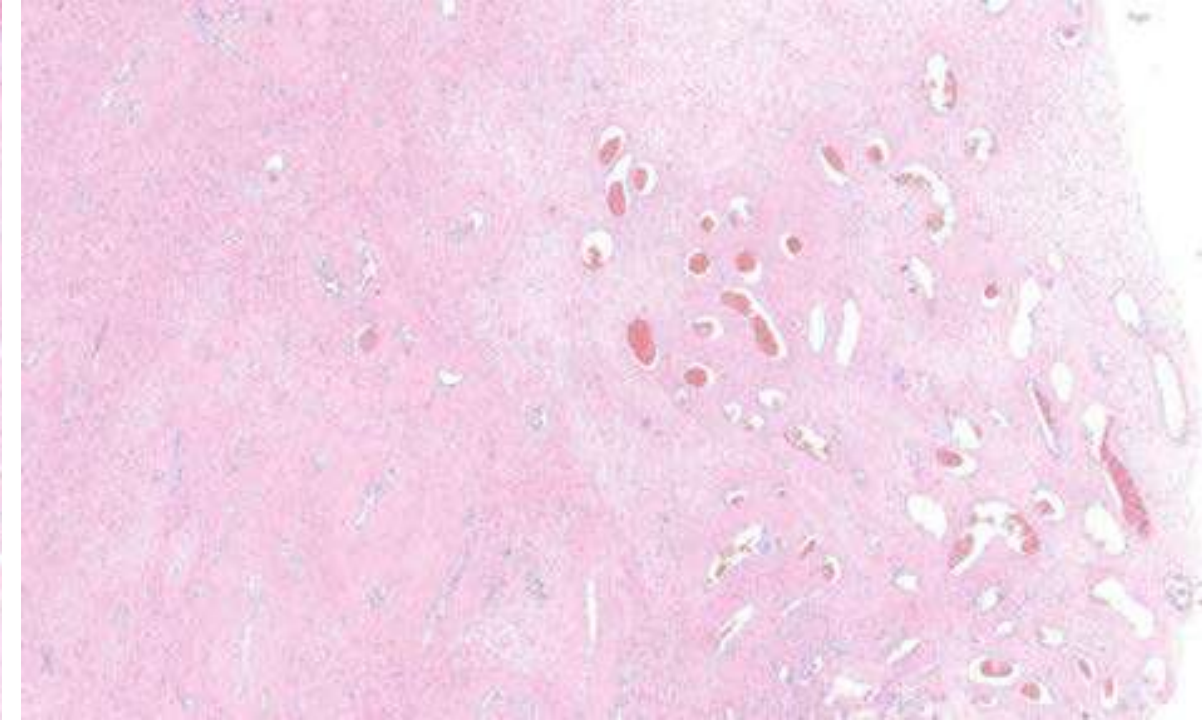
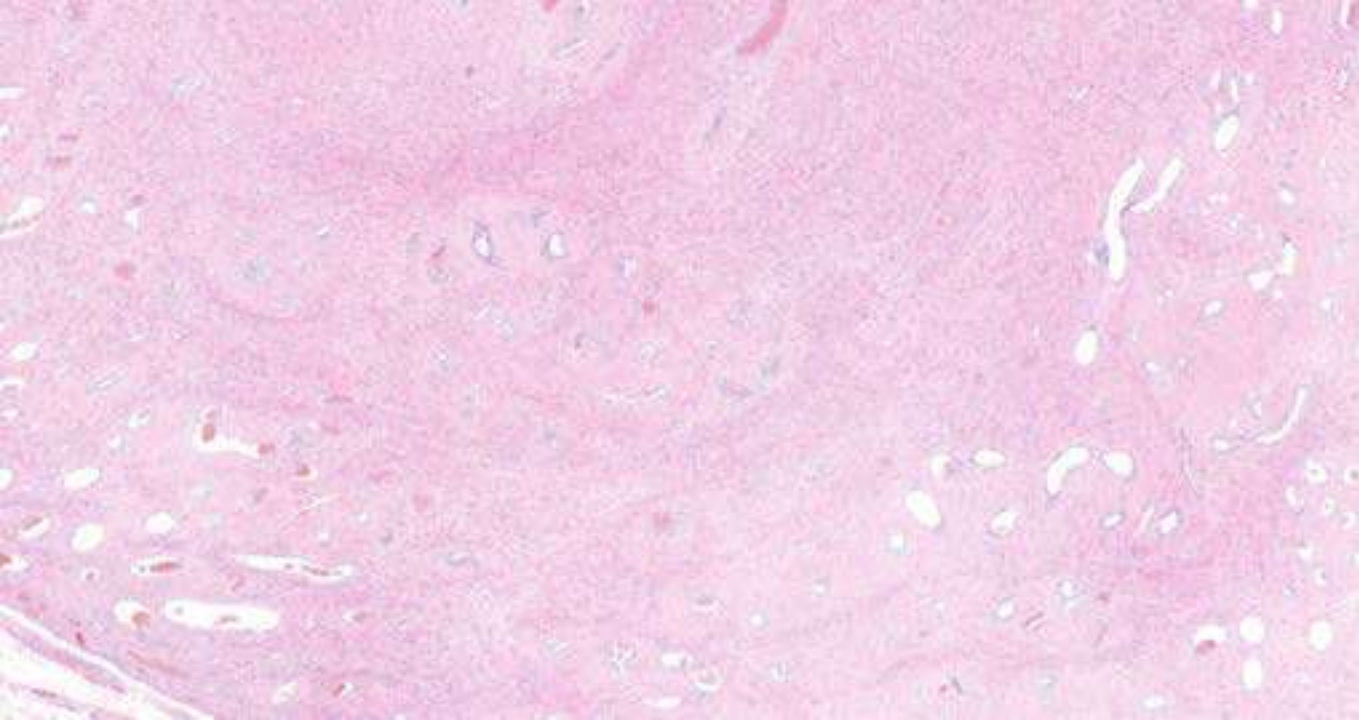
Fundación Instituto Valenciano de Oncología

IVO Team: Isidro Machado,
Hector Aguilar, Reyes
Claramunt



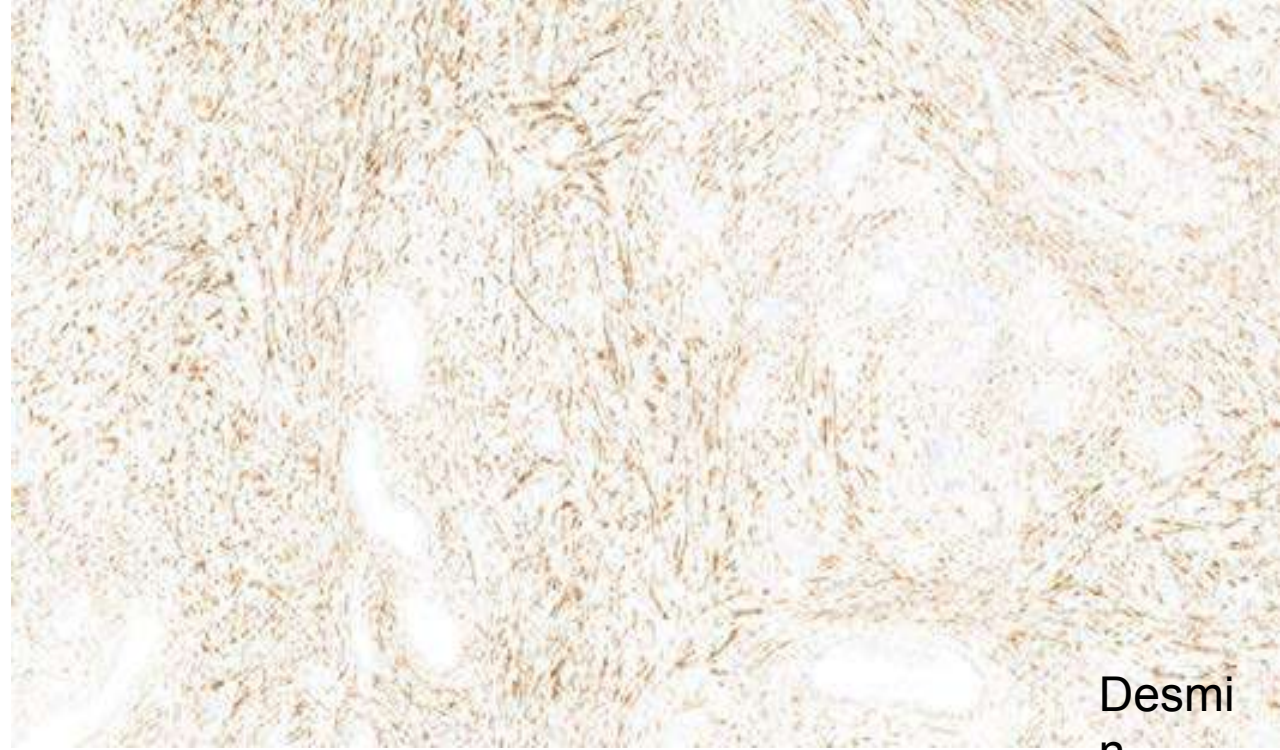
Female, 35 years old. History of endometriosis (2021) with surgical resection. Currently undergoing treatment with Sibilla. Patient presents with a nodular, painful mass in the perineal area. MRI reveals a right ischiorectal mass, measuring 66 x 48 mm, low grade LPS needs to be excluded. CT scan shows no distant disease. Trucut biopsy indicates a low-grade myxoid tumor, likely either an angiomyxoma or angiomyofibroblastoma.







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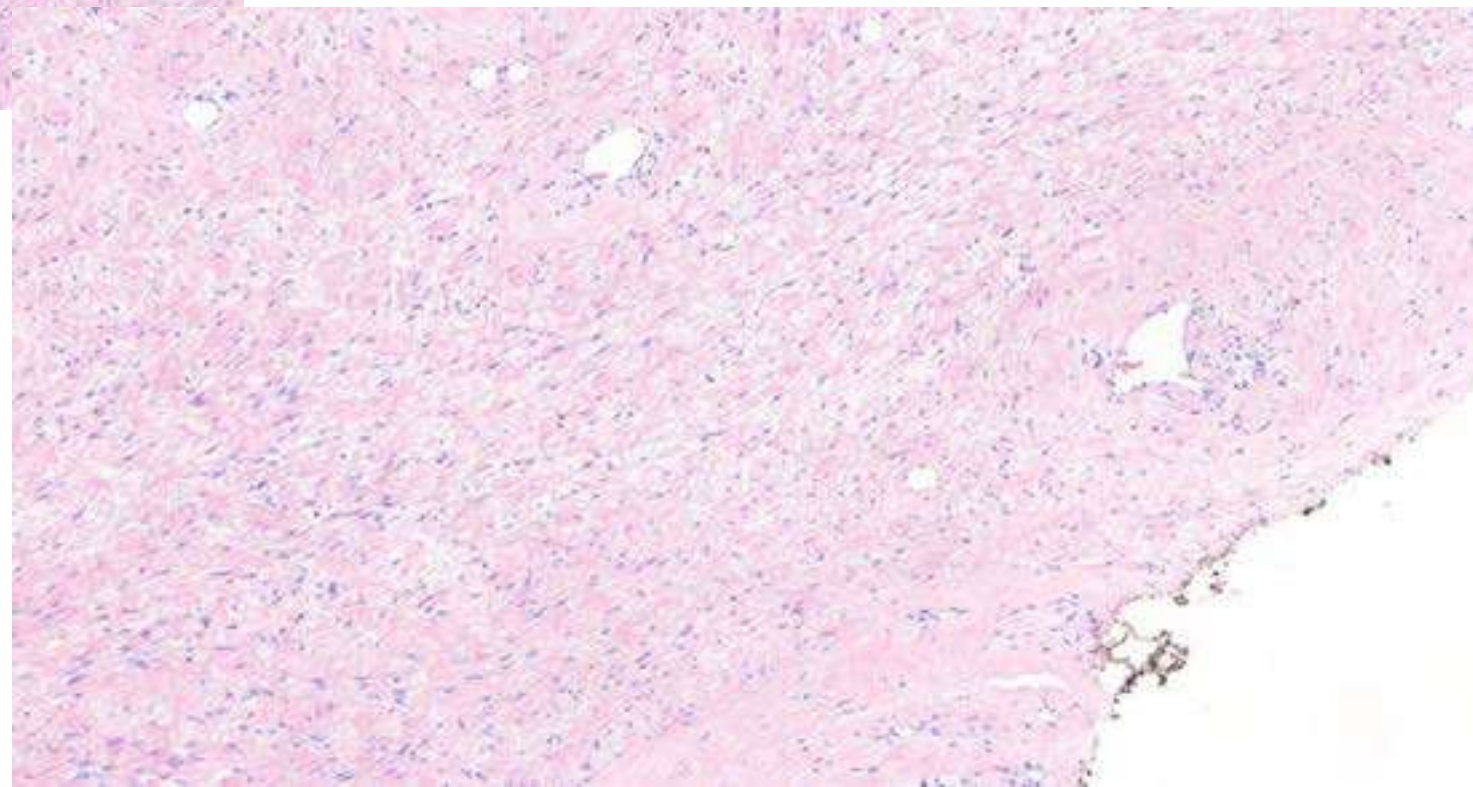
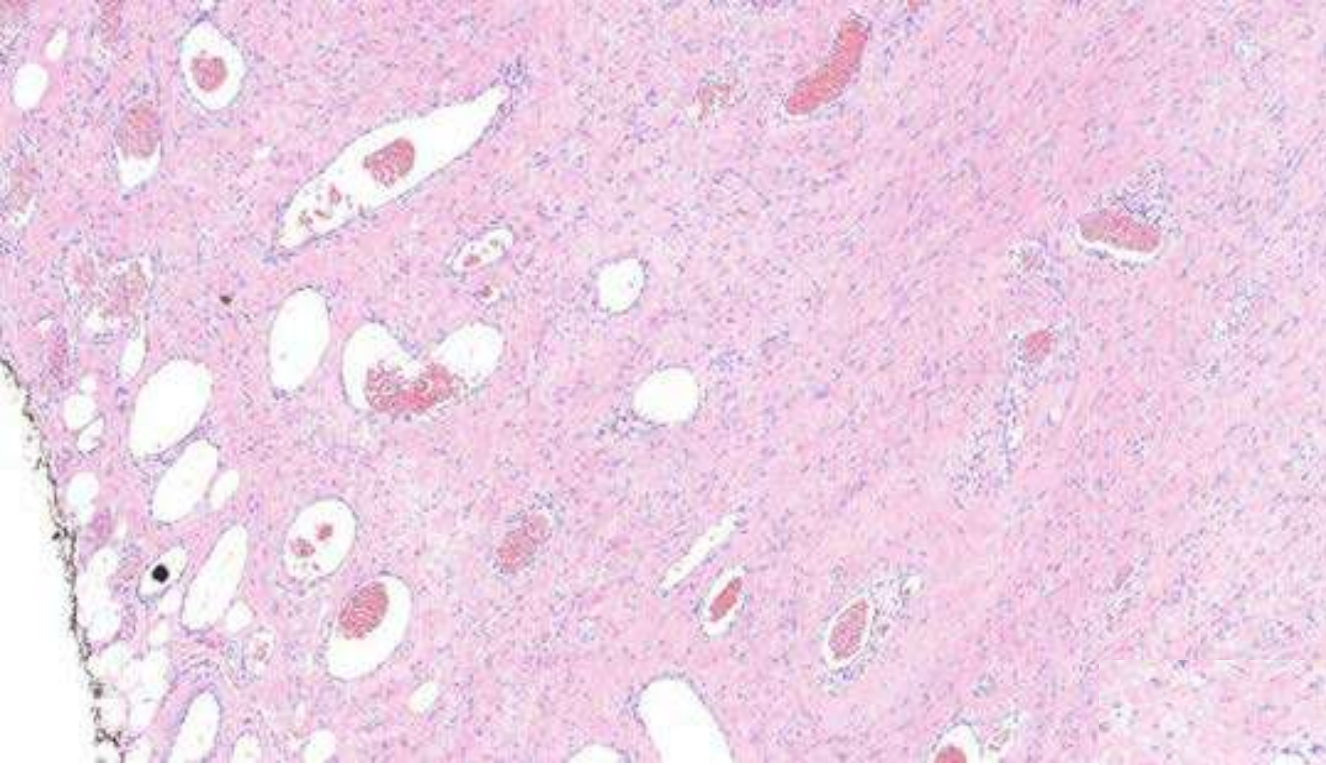
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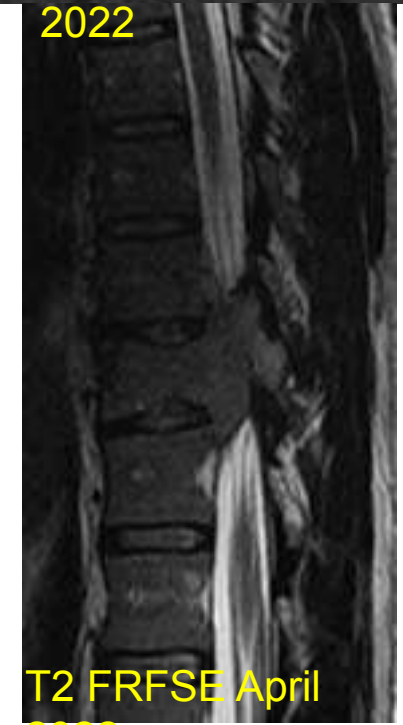
Deep (aggressive) angiomyxoma)

- Histopathology and IHC-based Diagnosis
- HMGA2-positive
- FISH shows *HMGA2* rearrangement in a subset.
- **Positive surgical margin.**
- Re-resection was considered, but there are concerns from the surgical team due to tumor localization.
- Adjuvant GnRH analogues (Decapeptyl)?
- Any other suggestions?

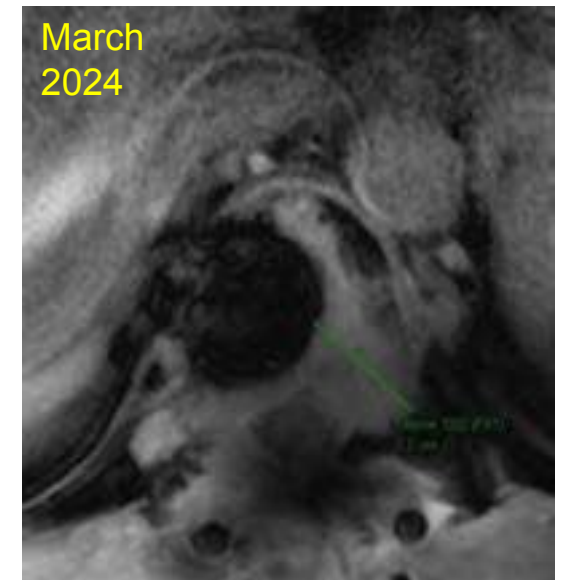
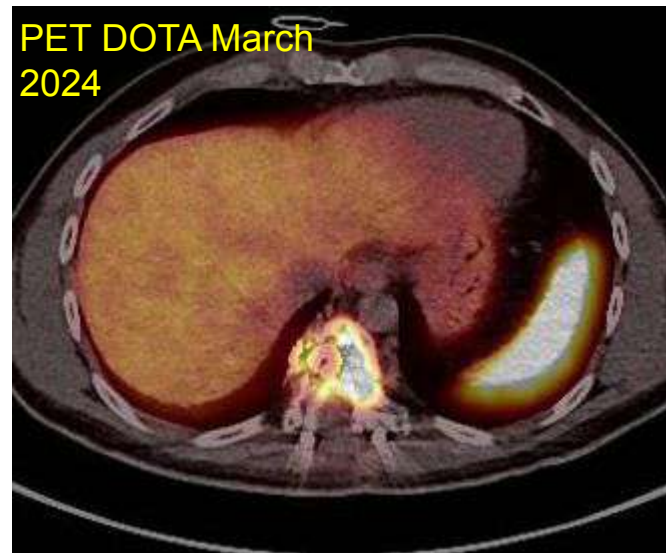
Boris Itkin, Oman

Sultan Qaboos Comprehensive Cancer Care and Research Center

- 35 y.o. male with no significant PMH
- **Debut**
- Left anterior falcine meningeal SFT since late 2016.
- Resection in Dec. 2016 followed by another resection Jan. 2017 abroad. Then, on follow-up outside.
- **Relapse**
- In early 2022: low backache. FDG PET new D10 lesion (lytic, 54 x 46 x 38 mm, 3.7 SUV, with spinal canal invasion and spinal cord impingement / compression).



- Treatment of the relapse
- Surgical decompression abroad with D10 laminectomy and D8, 9, 11, and 12 and metallic mesh cage on 30/4/2022.
- HPE: SFT. **Positive:** STAT6, FLI1, CD99, BCL2. **Negative:** CD31, EMA, PR, CK, TLE1. Ki67=15% Mitosis: 2-3/HPF. Necrosis -, hemorrhage + .
- Post-operative radiotherapy, 59.4 Gy / #33 completed in July 2022. ->Observation
- New progression
- MRI March 2024: Progression with new soft tissue at D10 vertebral level extending into the spinal canal displacing and compressing the cord. Asymptomatic.
- *Ga68 DOTA SSTR PET 21.03.2024 - Somatostatin receptor expression lesion at D10 vertebra extending to the spinal canal. SUV=21. Bilateral lung nodules 0.3-0.6 cm, too small to characterize.



- *MDT May 2024 the advice was against resection or RT and for systemic therapy..
- 06.06.[PAZOPNAIB](#)- FIRST LINE. dose was reduced to 400 for diarrhea grade 3-4 plus vomiting.
08.07.2024 the
- MRI whole spine 28.08.2024 = [Progression](#). Increase in soft tissue lesion at T10 level around 6.4 cm in largest diameter in the axial plane, v/s 5.4 cm previously.
- Reidentified bilateral involvement of T9-10 and T10-11 neural foramina
- MRI brain – NED
- CT CAP Sept 2024 - stable bilateral lung nodules 0.3-0.6 cm, too small to characterize.
- Mild lumbar pain

- Summary
- Relapsed meningeal SFT. Difficulties to control T10 lesions with local treatments. The significance of lung nodules not clear

Questions to the board

Next medical therapy: Sunitinib? Other TKIs? Pazopanib
rechallenge at full-dose? Chemotherapy?

What is the role of SST-directed radionuclide therapies? ^{177}Lu ?

A SETTLE case in the National Cancer Institute of Mexico



Sarcoma service
Gabriela Alamilla García MD
Dorian García Ortega MD
Mextli Gabriela López Fragoso MD
Paulina Díaz de León Alvarado MD

Identification

- **Name:** MPLA
- **ID:** 234603
- **Age:** 24 años



Hereditary family background

- **Oncological history:** Interrogated and denied

Non-pathological personal history

- **Original and resident:** CDMX
- **Occupation:** Unemployed
- **Education:** Incomplete high school

Pathological personal history:

- **Chronic degenerative diseases:** 2023 Hypothyroidism & hypoparathyroidism in treatment with levothyroxine, caltrate, calcitriol & magnesium.
- **Surgeries:** 2018 Cesarean without complications, 2023 total thyroidectomy.
- **Alcoholism:** Social.

Obstetric gynecological history:

- **Menarche:** 12 years
- **G 1 P 0 C 1 A 0**

ONCOLOGICAL MEDICAL HISTORY

1

20.02.23

Total thyroidectomy with report of papillary thyroid cancer

2

27.06.23

I-131 150mCi & post-ablative dose body scan of iodine SPECT/CT with uptake in lung and cervical GL level III compatible with functional thyroid tissue.

3

15.07.24

Histopathological review INCan :
Biphasic spindle cell and epitheloid neoplasia with histological characteristics of a spindle cell epithelial tumor with thymus-like elements (SETTLE)
IHC: TLE-1, bcl-2, TTF-1 Positive
Negative for calcitonin

4

26.09.23

FISH for SS18 (18 q 11.2) negative (it refuse biphasic synovial sarcoma diagnosis)

MEDICAL ONCOLOGY FOLLOW-UP

10.11.23- 19.03.24 carboplatin AUC 5 + paclitaxel 175 mg/m² Q3W X 6 cycles

5

24.10.23 PET/CT-
18 F-FDG

Multiple bilateral nodular lung lesions of random distribution, some merge and form a multilobulated lesion, measuring up to **33x31.5 mm/ SUVmax 11.4**. Metabolic behavior suggests undifferentiated / radioiodine resistant.

Staging
PET CT

6

07.03.24 PET/CT
18 F- FDG

Stable disease

Response to
treatment
PET CT

7

09.05.24

Start of surveillance
6 months

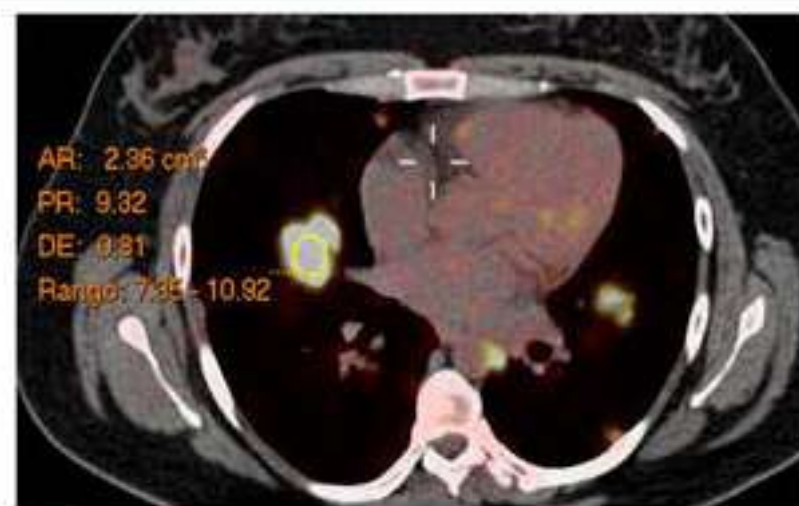
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10.14.24 PET CT
18 F-FDG:

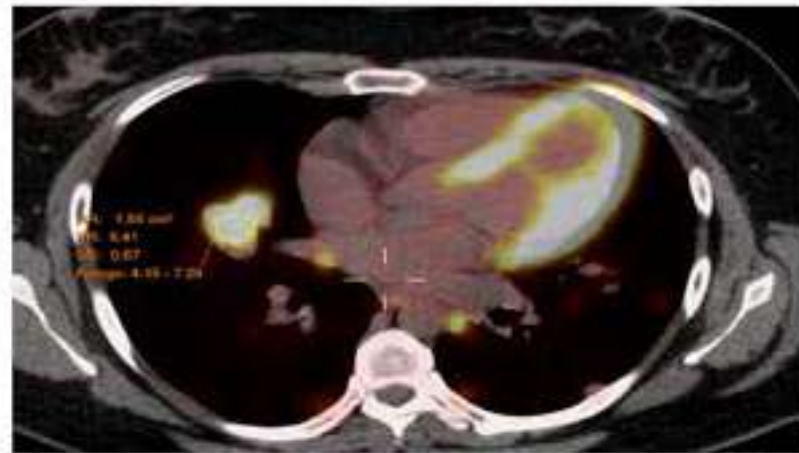
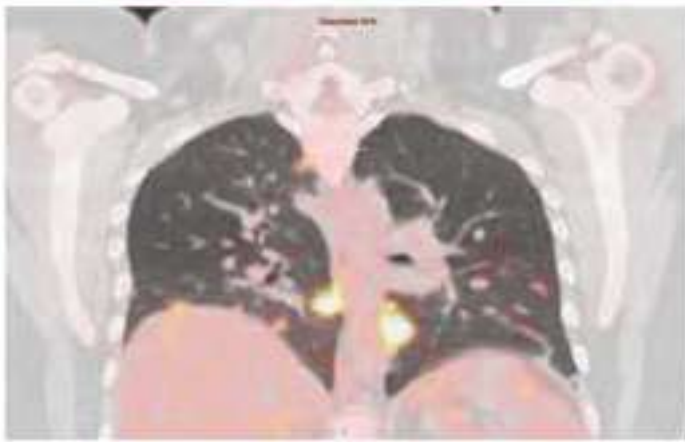
Multiple bilateral nodular lung lesions.
-middle lobe of **36x38mm/SUVmax 13.3** (**36x32mm/ SUVmax 9.4**).
Increased metabolism of bilateral nodular pleural thickening predominantly towards the base of the right lung, up to **21mm/ SUVmax 13.0** (**18mm/ SUVmax 9.1**).

Disease
progression

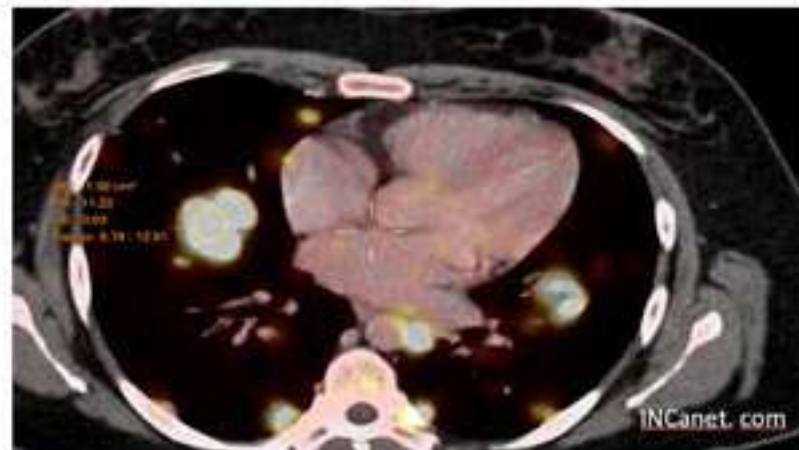
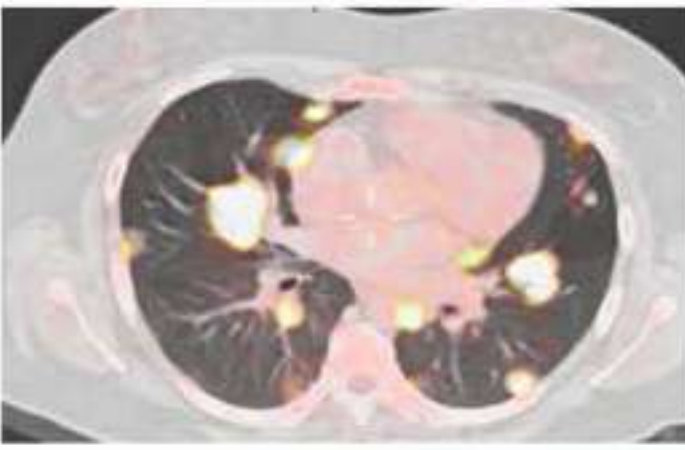
23/10/2023



07/03/2024



19/09/2024





GENERAL QUESTIONS

We would like to know your opinion of the first treatment?

What would you propose for the second line? We proposed cisplatin and etoposide, what do you think about it?

Would you suggest characterization using next-generation sequencing (NGS) with the aim of identifying specific genetic events and/or “actionable” mutations?

MDT

Oct 2024

MD. Rodríguez Andrés



- 25 year old female
- Law student
- Usual medication: oral contraceptives.
- Personal history: cholecystectomy, social smoker
- Date of last menstruation 5/9/24
- No family history of cancer.

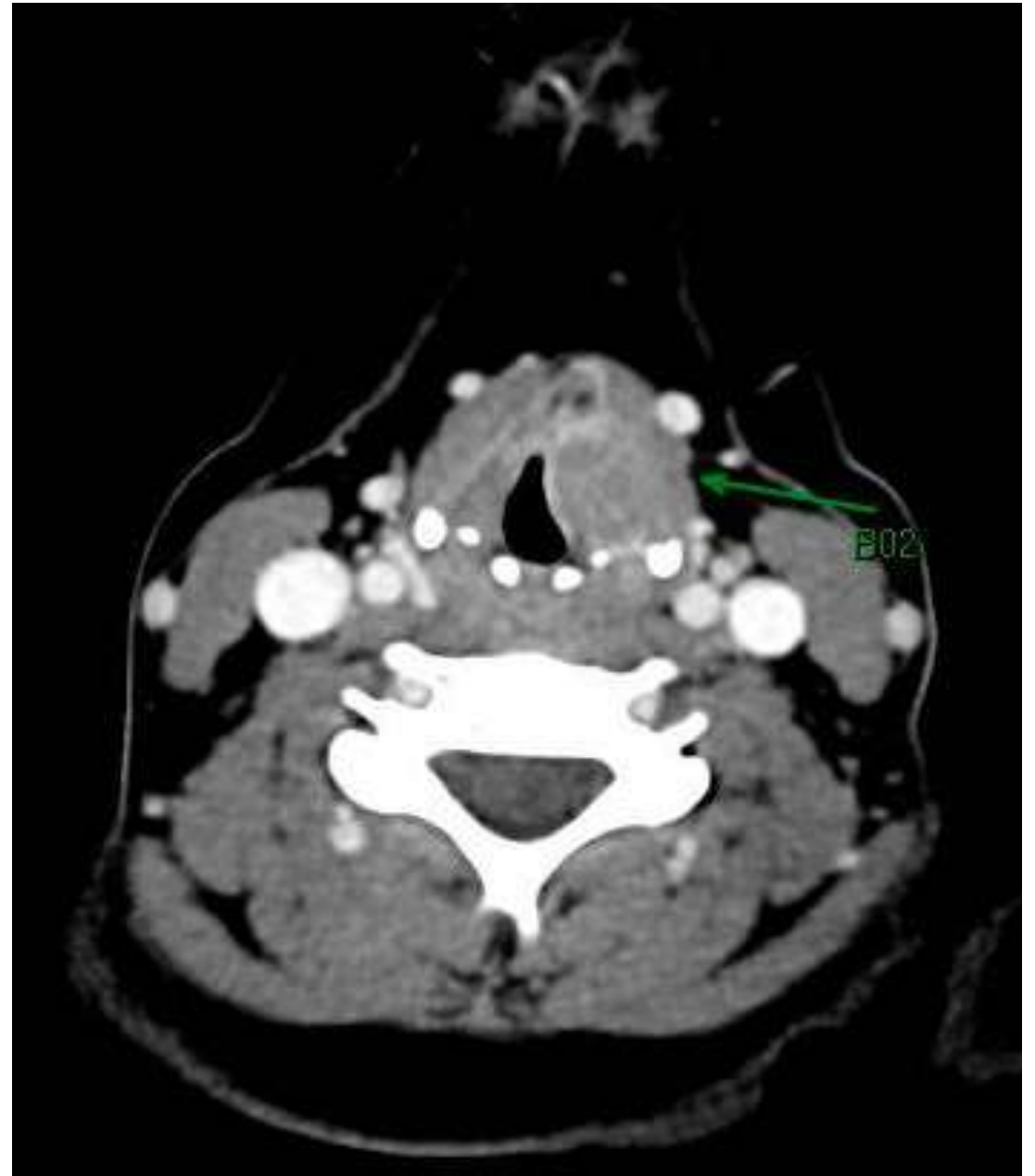
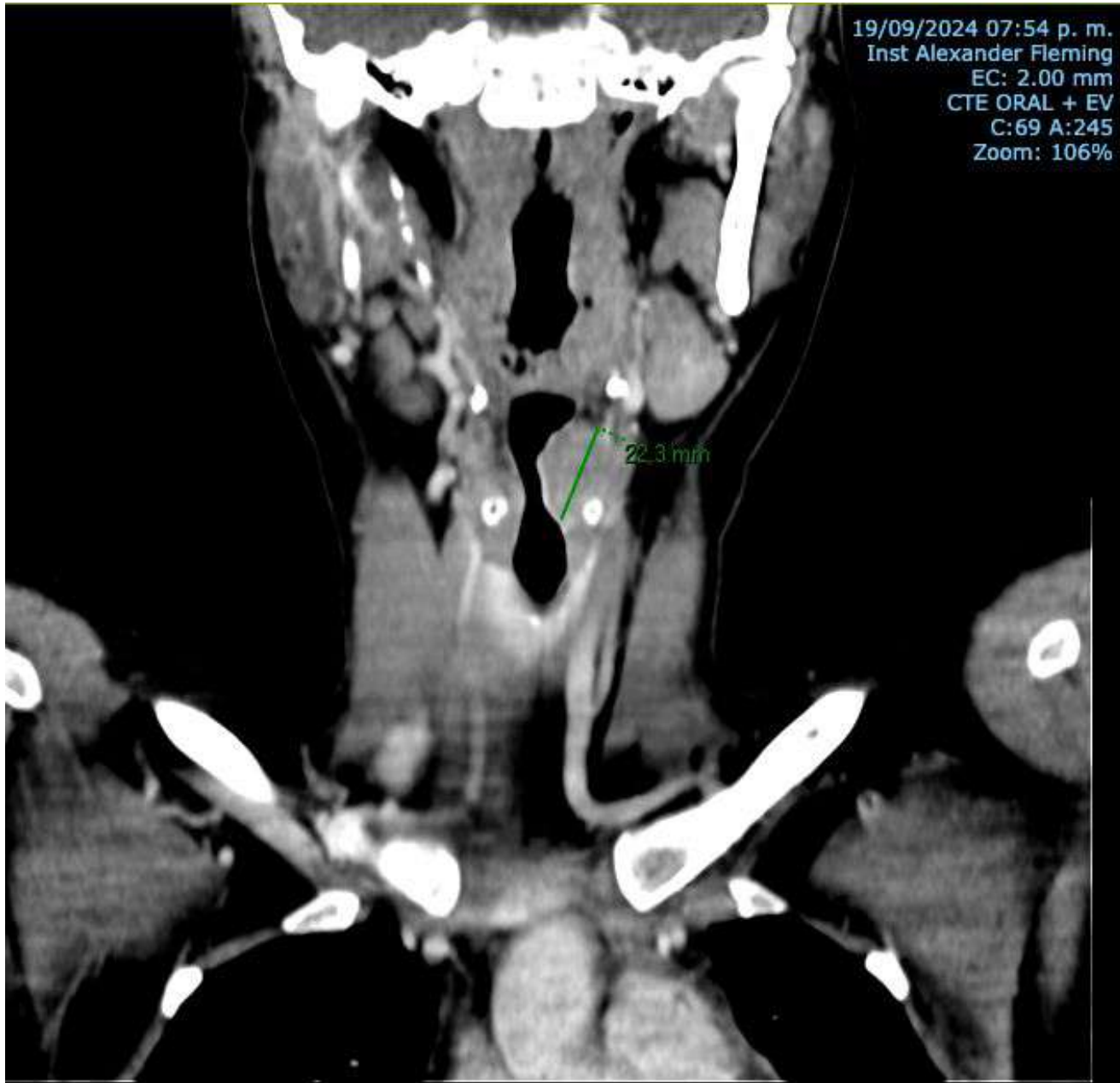
Current illness:

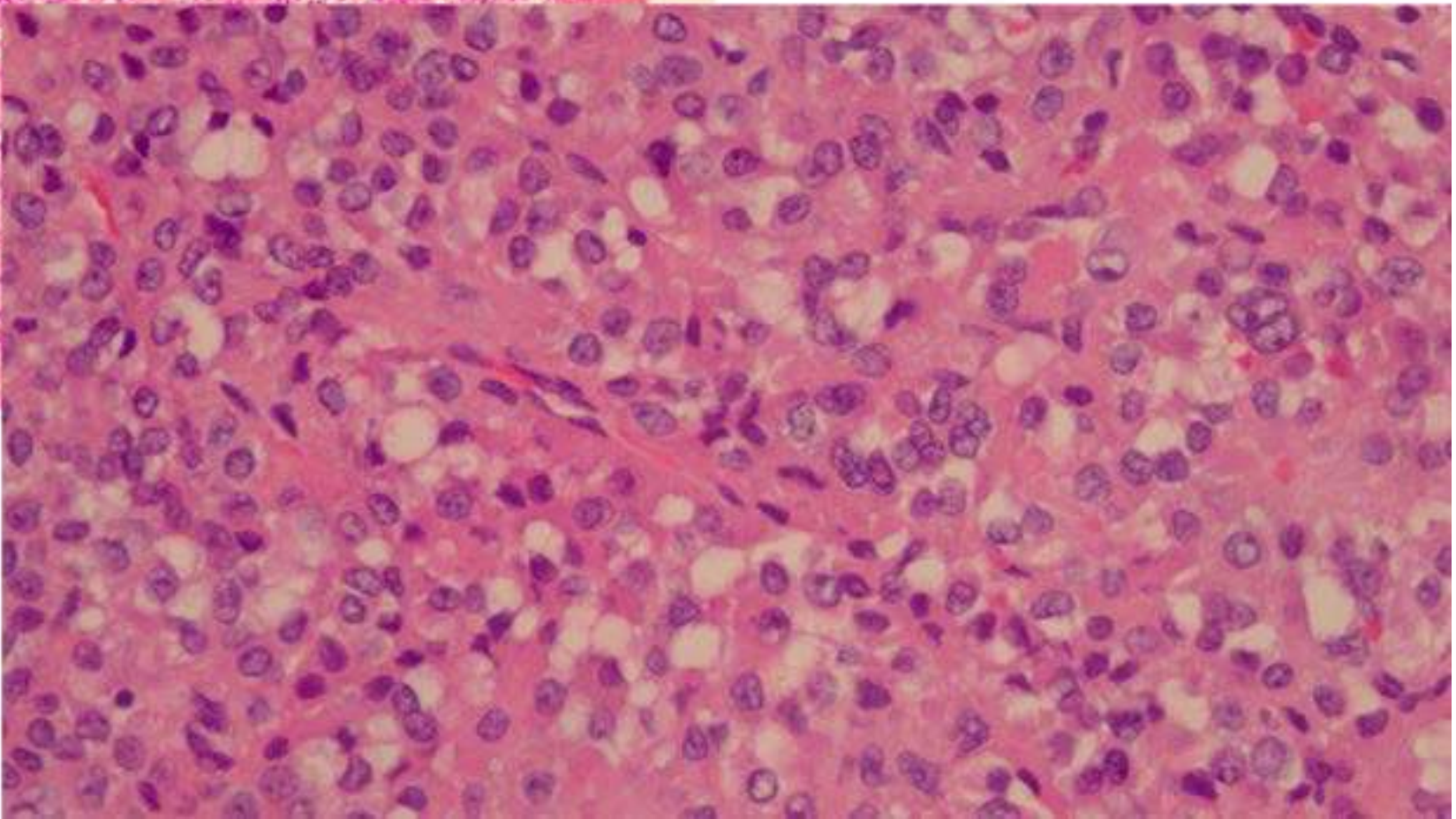
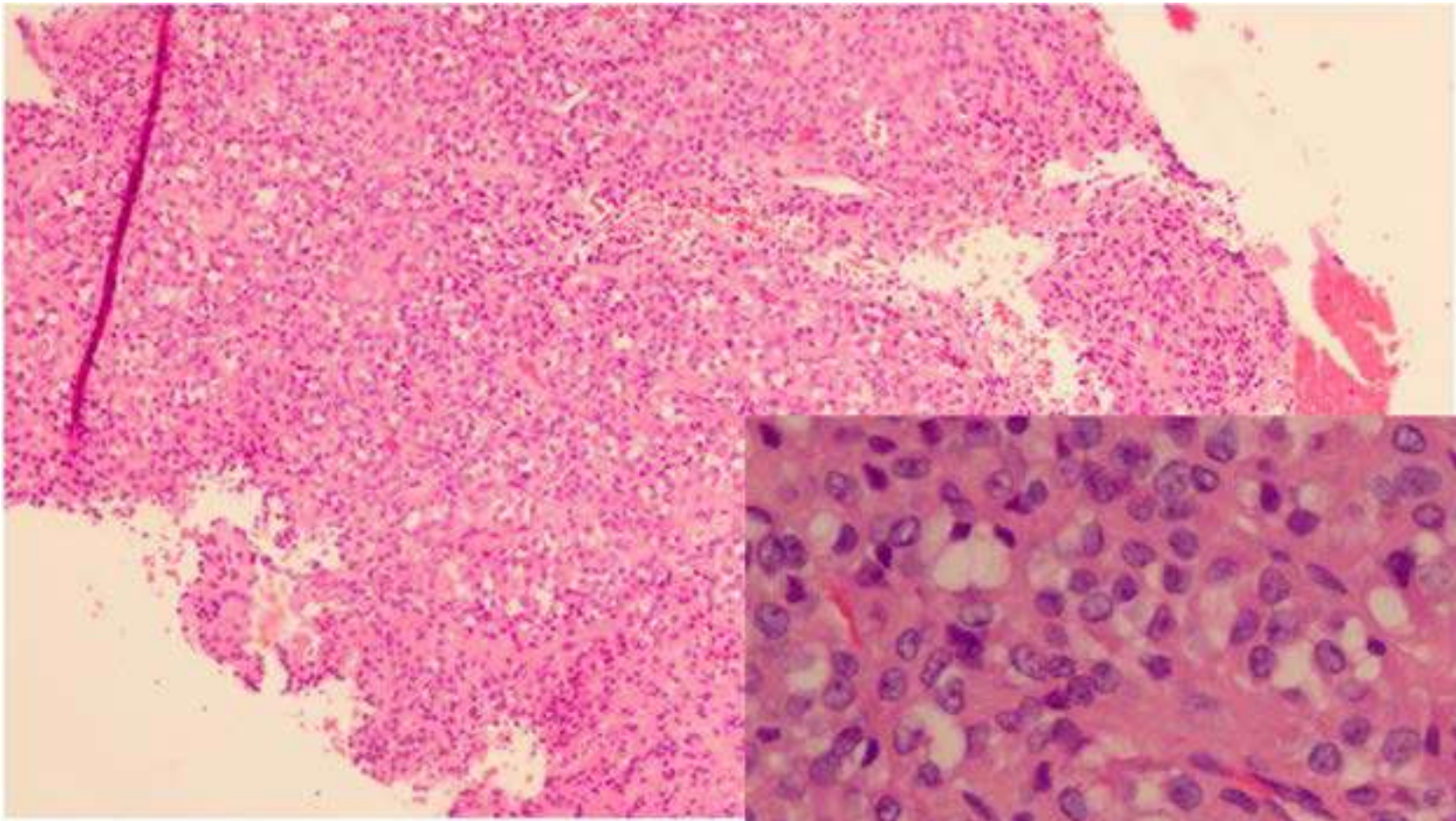
Dysphonia of 2 years of evolution

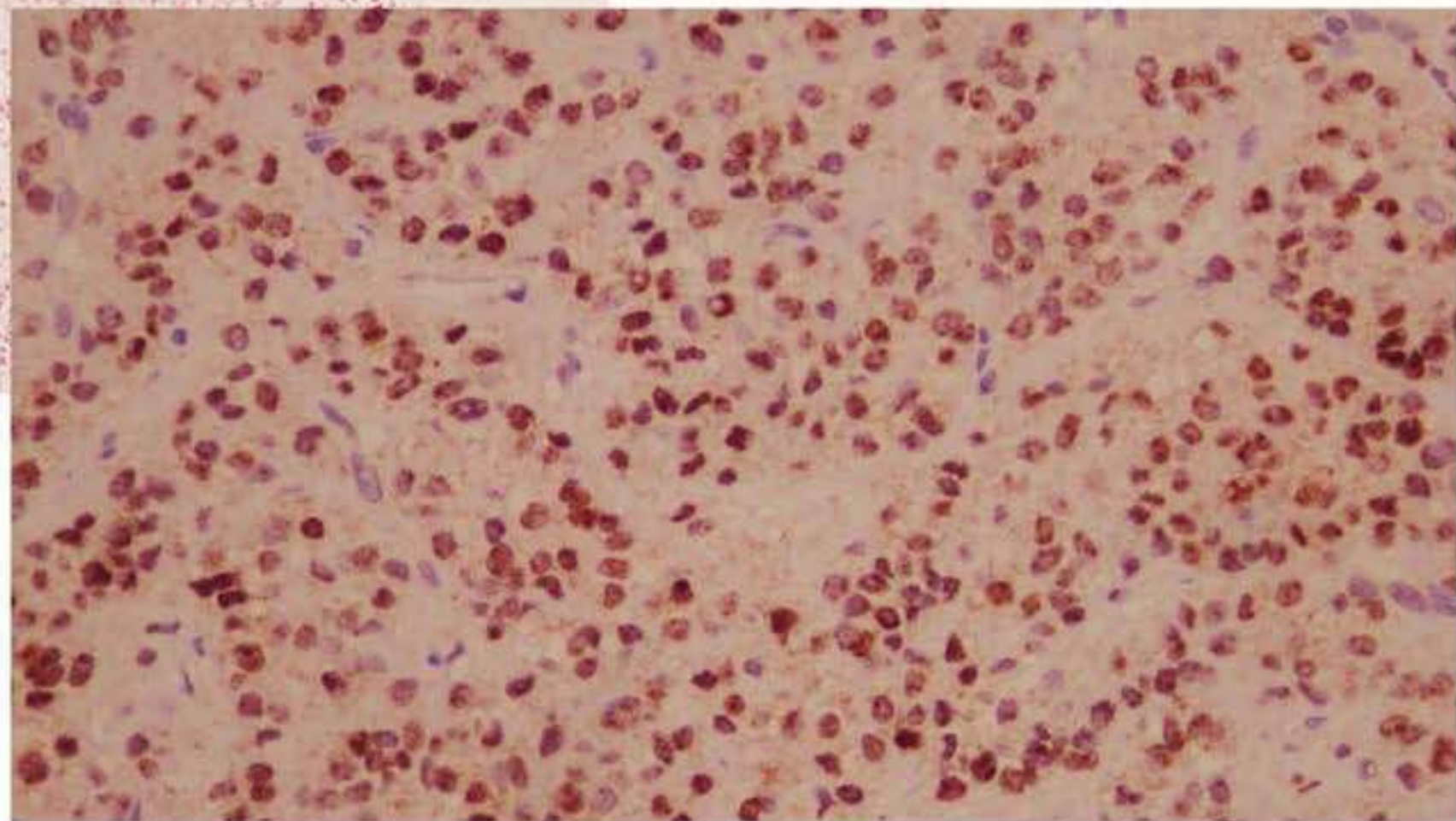
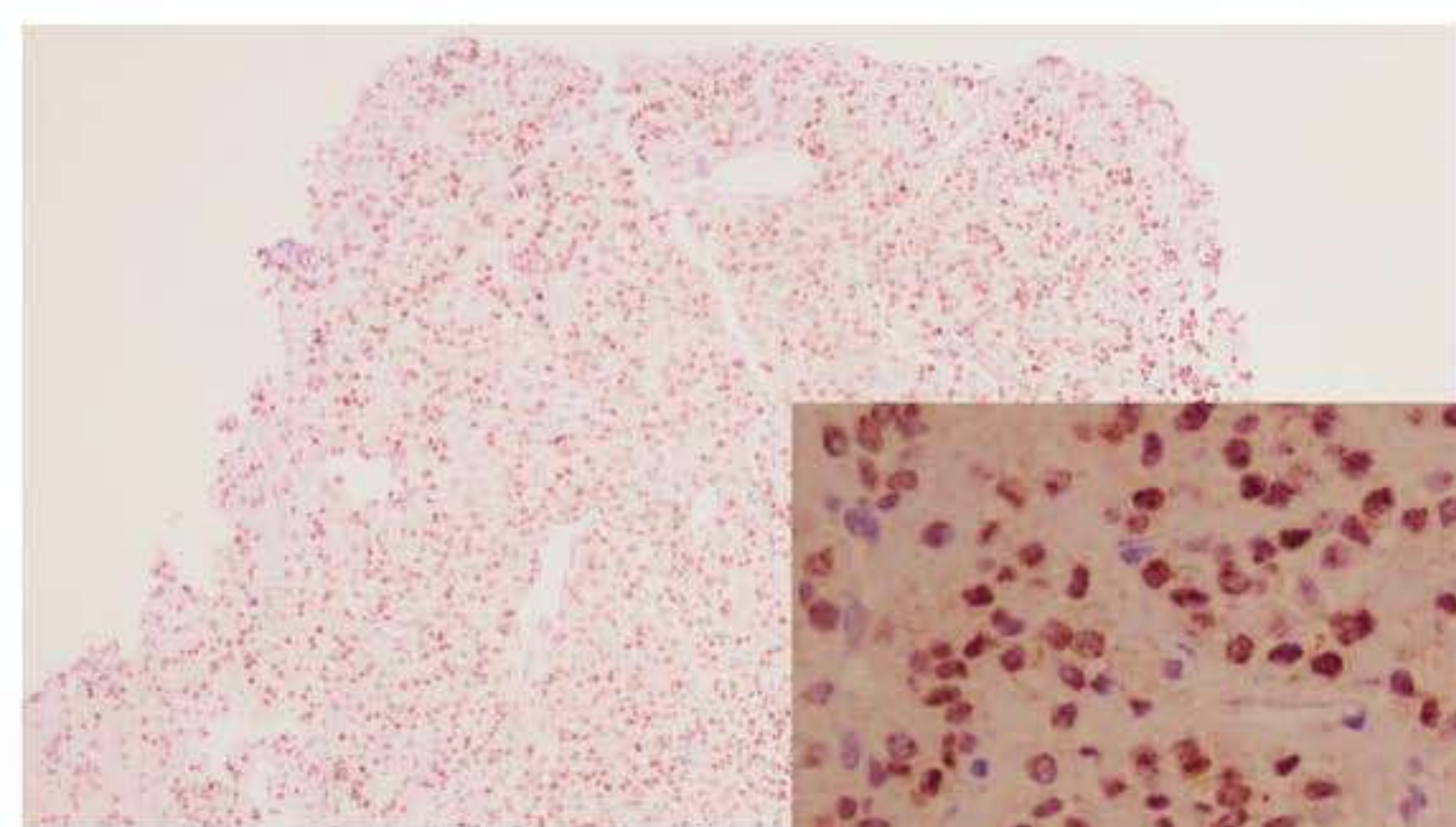
- **Laryngoscopy:** soft tissue tumor in left larynx

Nodular and cystic supraglottic lesion with healthy mucosa with involvement of the ventricle and does not allow seeing the left vocal cord.

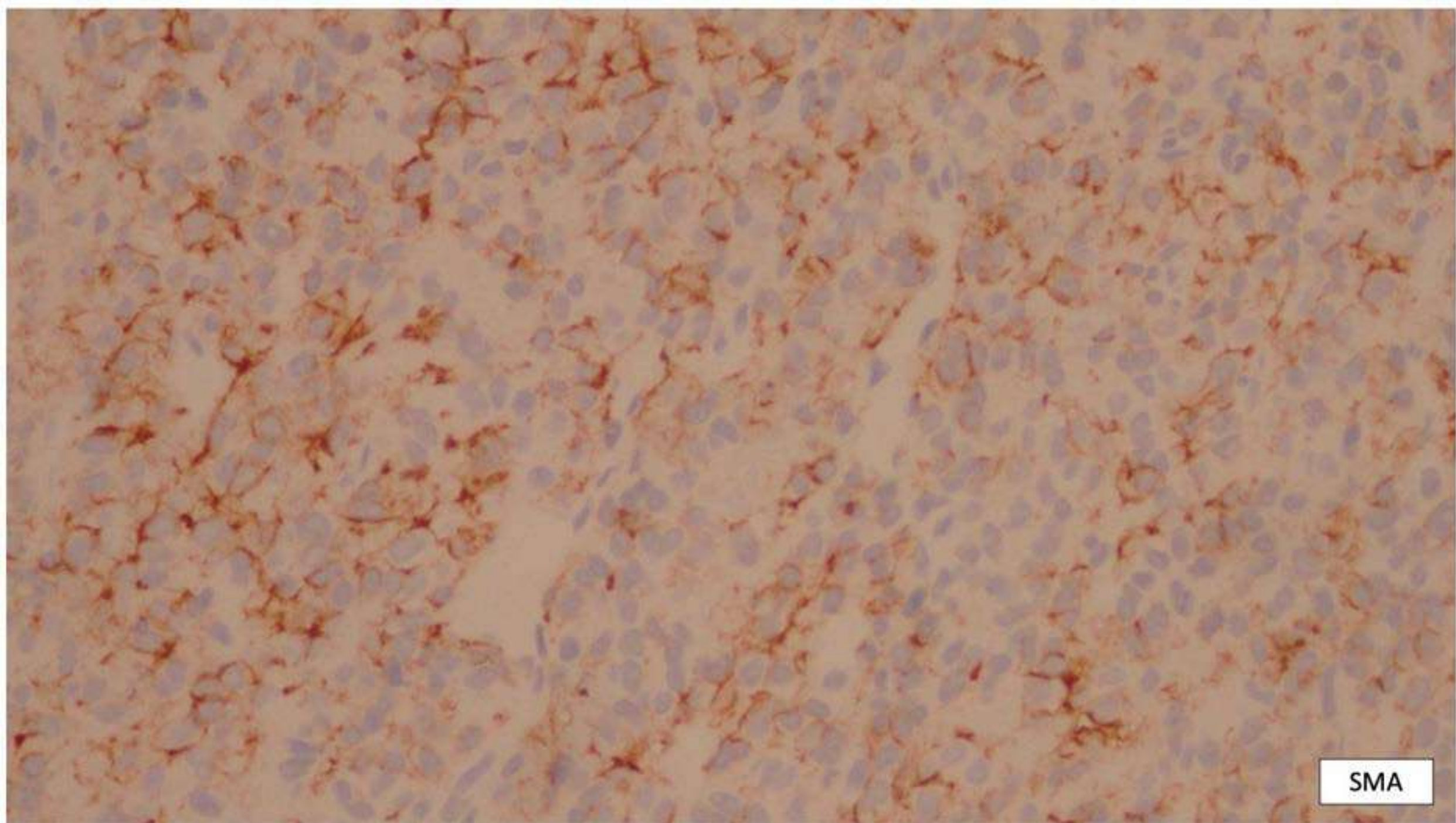
- MRI: 25mm left supraglottic lesion with transglottic caudal projection.
- CT scan and Brain MRI: no mets



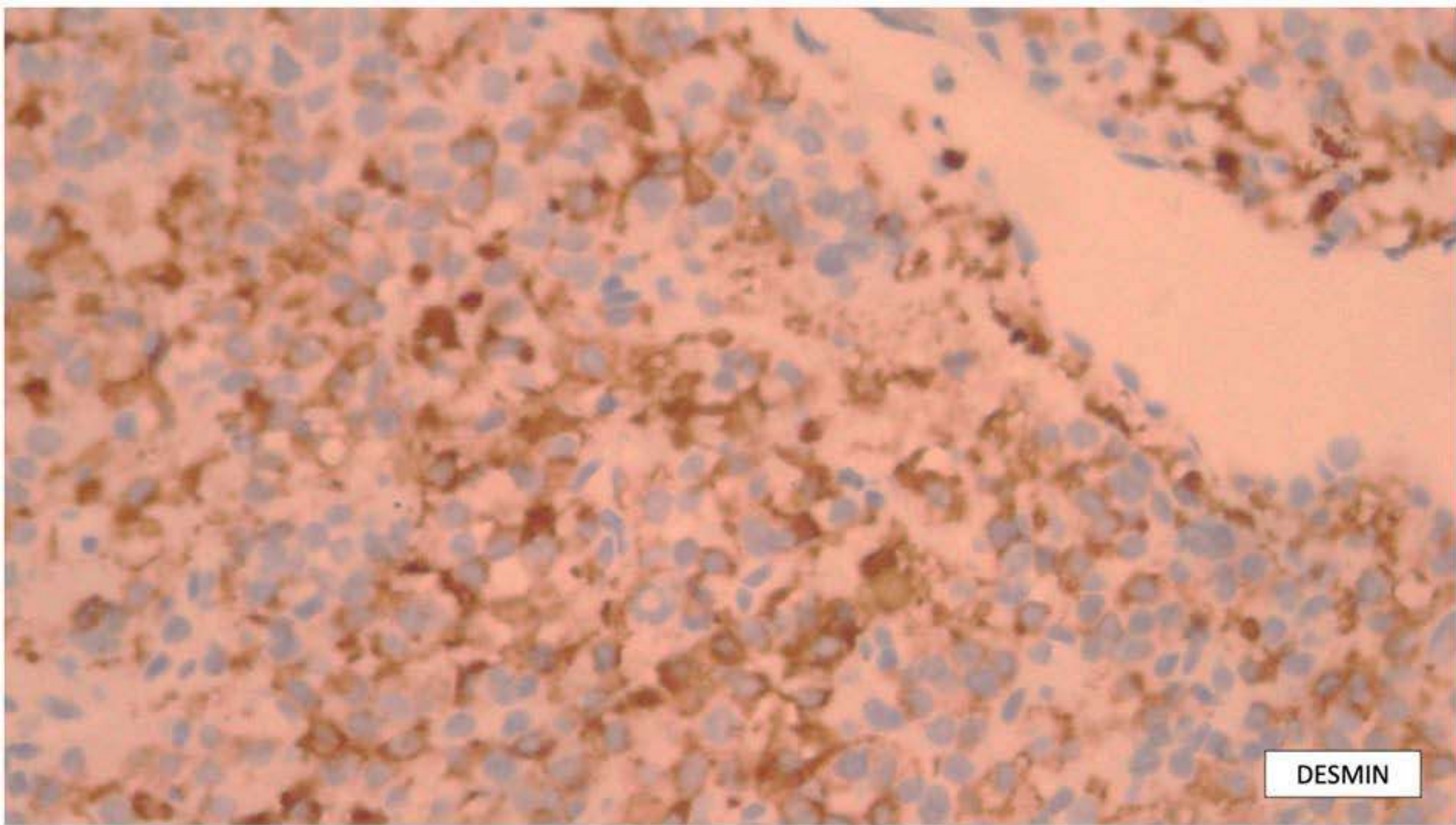




TFE3



SMA



DESMIN

- **IHC**

- Positive: Desmin, SMA (focal), BCL2, CD10 (focal), Enolase (focal), TFE3 (focal)
- Negative: CK AE1/AE3, S100, SOX10, ERG, HMB45, CD117, Calretinin, CD34, calponin, myogenin, p40, CK5/6, Chromogranin, SYN, CD45, CD20
- Ki 15%.

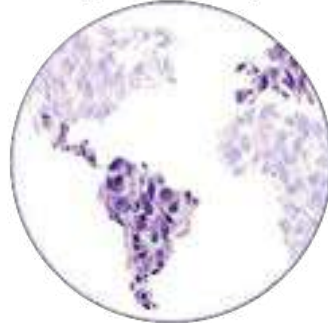
Alveolar sarcoma

Discussion:

- Total laryngectomy in a 25-year-old patient?
- Do you consider preoperative treatment?
 - Atezolizumab?
 - Pazopanib?
 - ITK+antiPD1/PDL1 combination (not approved in our country)
- If systemic treatment: Time? long term toxicity? fertility?



SELNET



CLINICAL CASE

Dr. Francisco Perrotta - Oncological Surgery
Dra. Lizzi Gauto - General Surgery
Dra. Sara Ramos - General Surgery

- Male 25 old years
- 1 month of evolution: diffuse abdominal pain
- PE: NON-PALPABLE TUMOR

- **ULTRASOUND:** At the level of the hypogastrium, in the topography of the bifurcation of the iliac vessels, a **solid, heterogeneous, well-defined**, predominantly hypoechoic formation with focal linear echogenic areas and internal calcification of 9 mm in diameter is observed. With changes in position, mobility of this mass is observed with position on the left psoas muscle on the left flank. The mass presents a color Doppler signal with a volume of 240 ml

- **Tomography:**

Findings suggestive of a neoproliferative process in the abdominal-pelvic cavity, a desmoid tumor of the mesentery is proposed as a differential hypothesis vs. other tumors of mesodermal or neurogenic origin.

- **Colonoscopy : Negative**



Pathological anatomy (1)

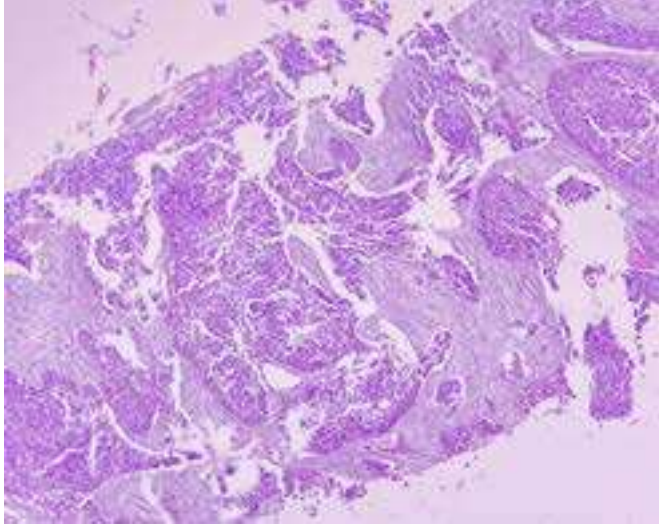
- Fibroconnective tissue fragments compromised by a malignant neoplastic proliferation that grows in solid nests with small, poorly cohesive cells, little cytoplasm, ovoid and elongated nuclei with spotted chromatin, some mitoses and focus of necrosis

Pathological anatomy (2) REVIEW

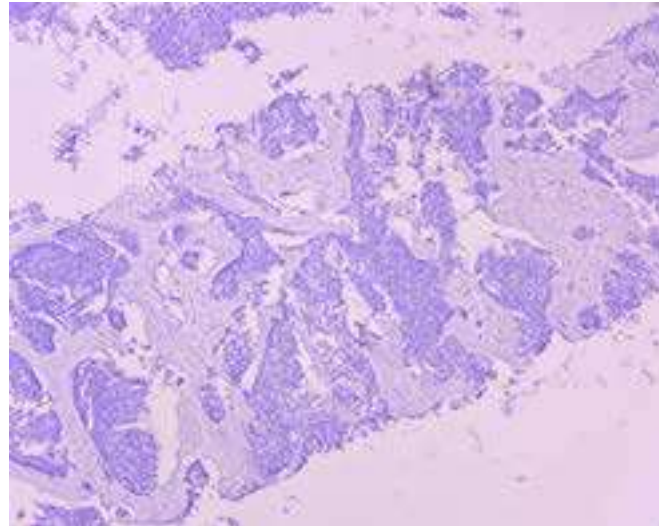
Fragments of malignant neoplastic proliferation of small, round cells with little cytoplasm arranged in cellular groups and nests immersed in a desmoplastic stroma.

Although the histological appearance is compatible with an intra-abdominal desmoplastic small cell tumour, immunohistochemical stains will be performed to confirm the diagnosis.

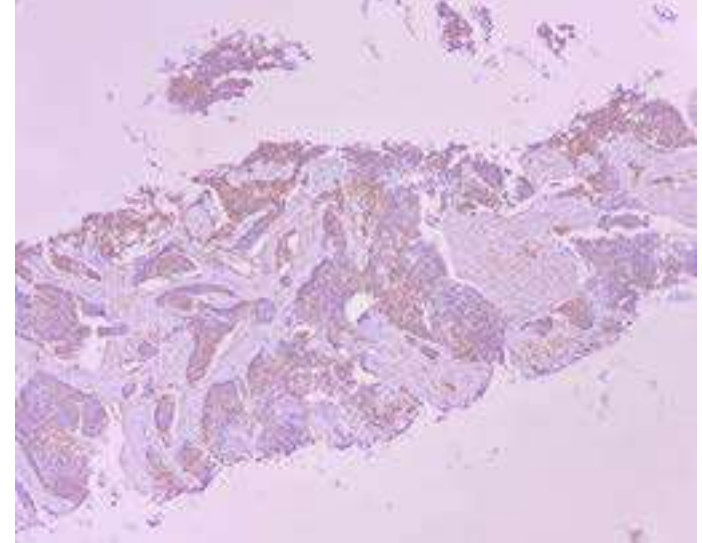
H-E



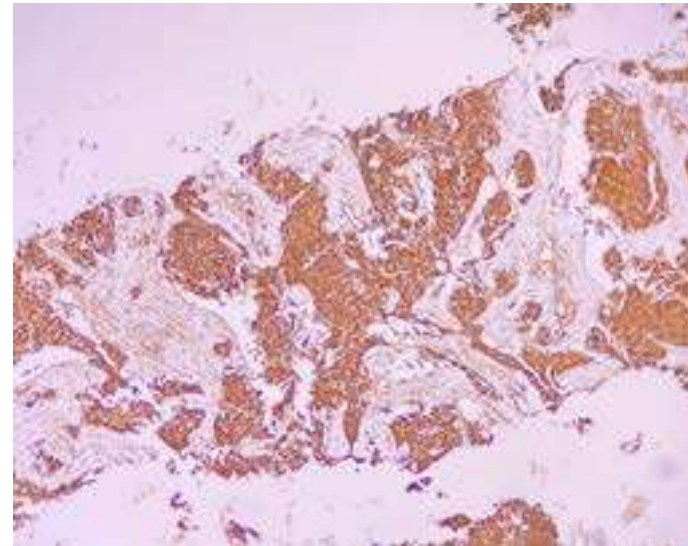
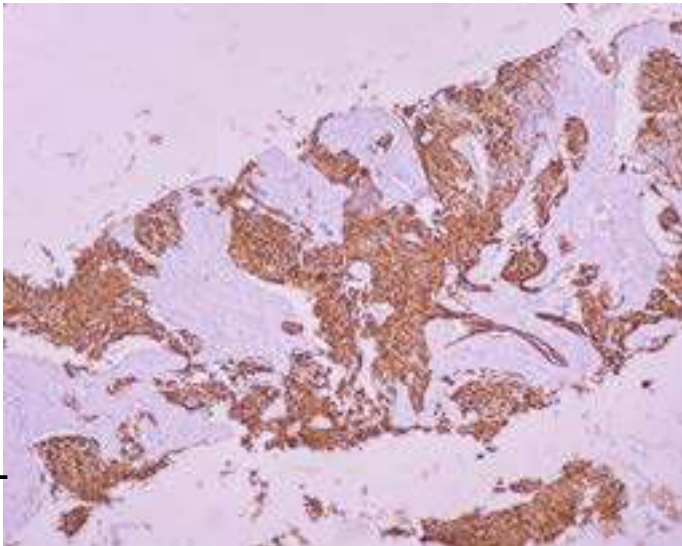
DESMINA -



CD99 +



EMA +



VIMENTINA +

TREATMENT?

- A. NEOADJUVANT CHEMOTHERAPY
- B. SURGERY
- C. SURGERY + HIPEC
- D. RADIOTHERAPY



THANKS!