MULTIDISCIPLINARY TUMOR BOARD

October 22, 2016

Moderator: Athanassios Argiris (Medical Oncologist)

Panelists: Jan Vermorken (Medical Oncologist)
Andreas Deitz (Head and Neck Surgeon)
Dimitris Moraitis (Head and Neck Surgeon)
Joanna Nixon (Clinical Oncologist)
Sandra Nuyts (Radiation Oncologist)

Case Presentation

A 61-year-old male, engineer, ex-smoker (quit 10 years ago; 35 pack/years), social drinker, presented with:

- Throat discomfort; diagnosed with “pharyngitis” that was persistent for 4 months without response to antibiotics
- Minimal dysphagia but no weight loss

Medical History

Mild psoriasis, not requiring medication

Medications

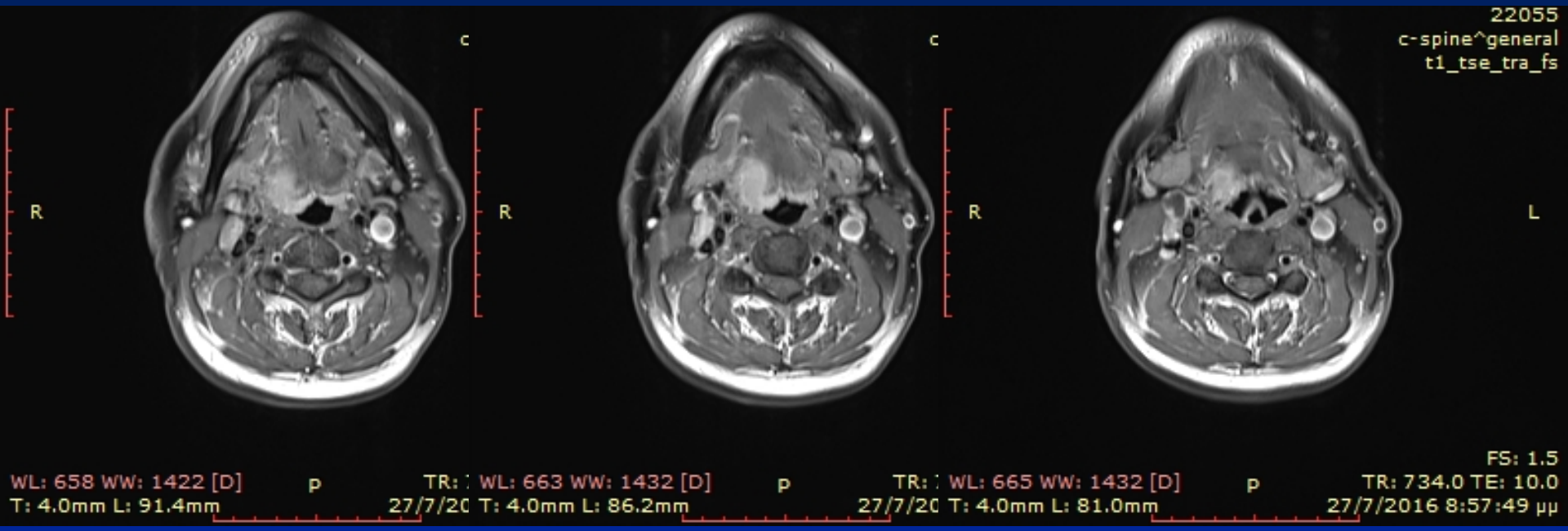
None

Physical examination

- No mucosal lesion appreciated on laryngoscopy or palpation
- No palpable lymph nodes

Performance status: 0

Diagnostic and staging evaluation
MRI of the neck



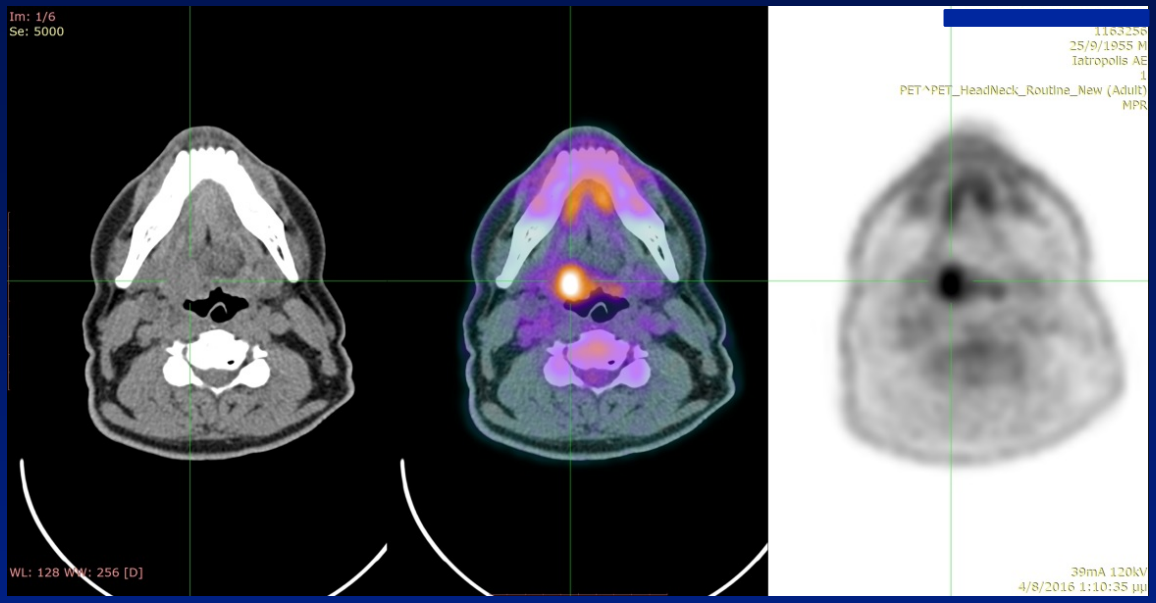
Diagnostic and staging evaluation (cont.)

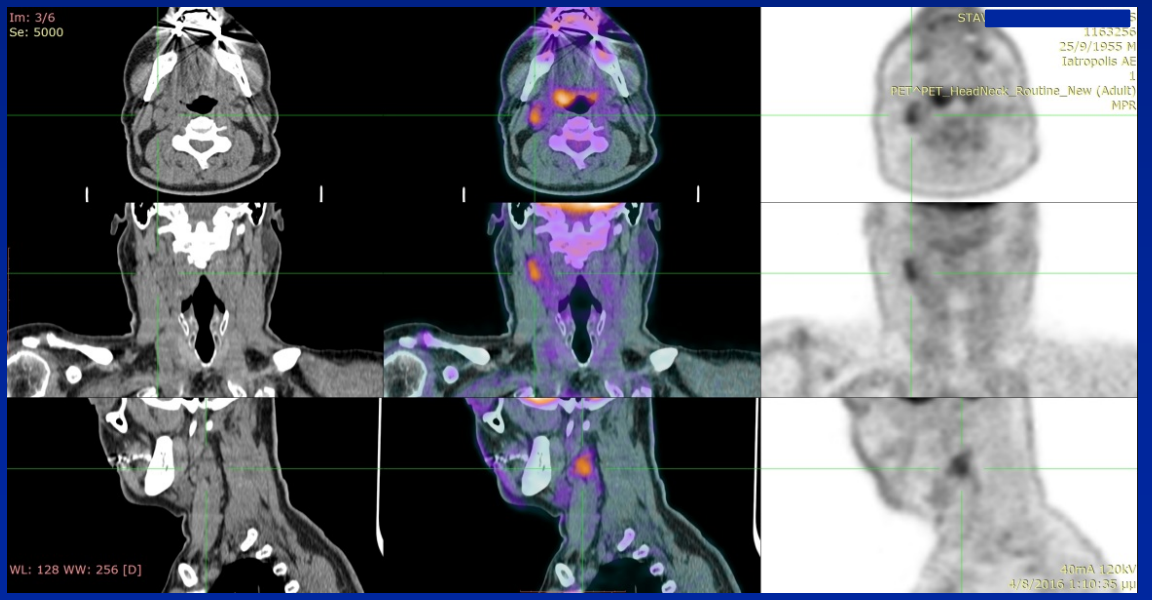
- **Ultrasound-guided FNA of right upper jugular lymph node** :

malignant cells with features of metastatic adenocarcinoma
(positivity for cytokeratins AE1/AE3, c-kit, bcl-2, Galectin-3,
focally positive for p63),
possible adenoid cystic carcinoma /
suggestive of minor salivary gland primary

Diagnostic and staging evaluation (cont.)

- **PET/CT August 4, 2016**:
- Hypermetabolism at the right base of tongue/right pharyngeal wall (SUVmax 10).
- Right neck lymph nodes of modest hypermetabolic activity at level II (SUVmax 3.9-4.4). Smaller lymph nodel level III (SUVmax 1.9)
- **WHAT TO DO NEXT?**





Diagnostic and staging evaluation (cont.)

- **Right neck lymph node dissection (August 31, 2016)**:

3 positive lymph nodes (levels II-IV), largest 1.5 cm, no extracapsular extension

Adenosquamous carcinoma (10% adenocarcinoma component)

- Stage T2N2b adenosquamous carcinoma of the base of tongue status post right neck dissection

Further management ?

CASE 2

50 year-old male who works as taxi driver, married, ex-smoker (quit 1.5 years ago; less than 5 pack/years), social drinker, presented with:

- Hoarseness for the past 4 months
- Lump in the right neck gradually enlarging for 1 year
- Minimal dysphagia; no weight loss

Medical History

- Coronary artery disease, status post myocardial infarction (ejection fraction 45%)
- Hyperlipidemia

Medications

aspirin, atorvastatin, lisinopril, carvedilol

Physical examination

- Palpable 3 cm right level II lymph node, not fixed, non-tender
- No signs of heart failure

Performance status: 0

CASE 2 (cont.): Diagnostic and staging evaluation

- **Laryngoscopy**: large exophytic supraglottic mass on the right (laryngeal surface of epiglottis and aryepiglottic fold) with paraglottic spread to the false vocal cords and glottis; no extension to hypopharynx; fixed right vocal cord at paramedian location

- **CT scan of the neck**
  - Laryngeal tumor on the right extending from the glottis to supraglottis, and possibly the hypopharynx. No thyroid cartilage invasion.
  - Right neck submandibular lymph node 2.6cm x 2.5cm, smaller right neck lymph node 1.2 cm

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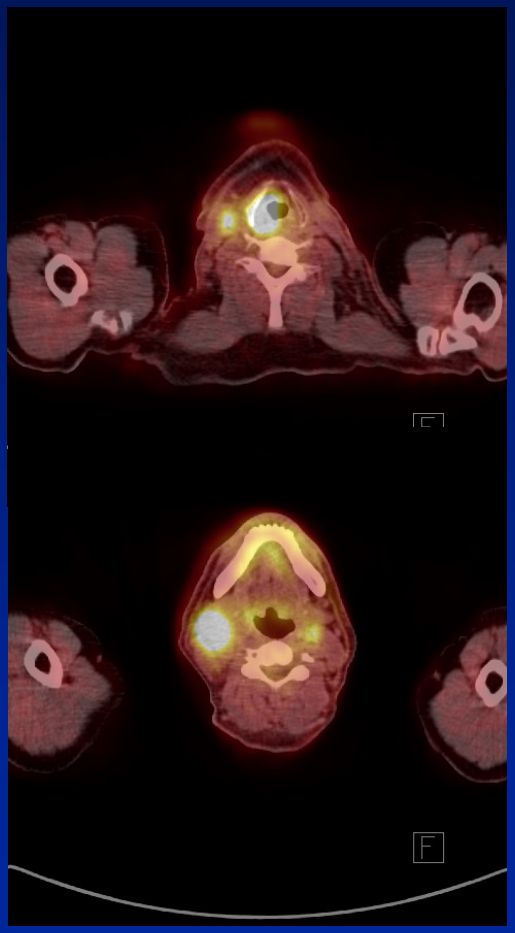
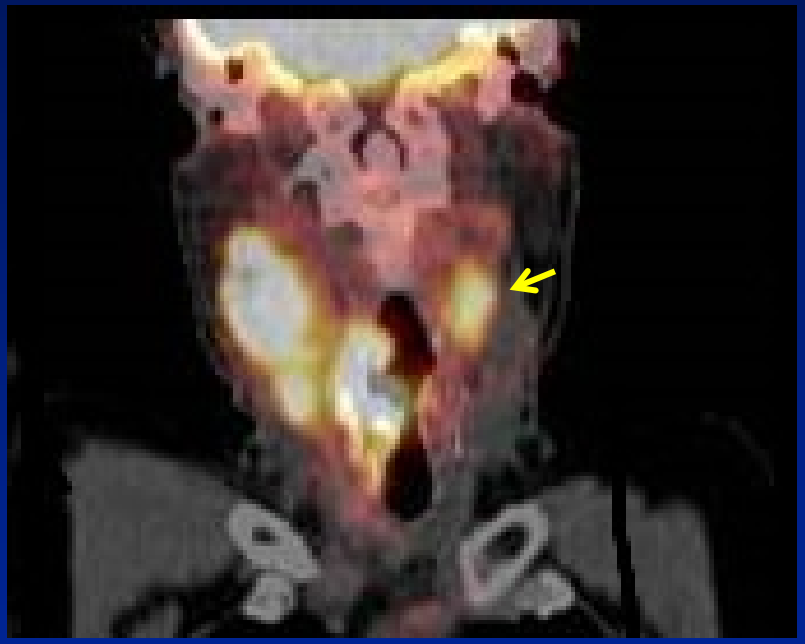
- **FNA of the right neck lymph node and laryngeal primary biopsy**: *squamous cell carcinoma, moderately differentiated*

CASE (cont.): staging PET/CT scan





PET scan: Hypermetabolic laryngeal lesion (SUVmax 12.5);
Right neck lymph node (SUVmax 11.2), Smaller right neck lymph node SUVmax 6.1;
Left neck lymph node SUVmax 5.1. No distant lesions.

CASE 2 (cont.): Pretreatment assessment

- Stage IVA (T3N2cM0) laryngeal SCC
- Pre-treatment evaluation
  - Dental evaluation
  - Hearing test ?
  - Swallowing test ?
  - Prophylactic gastrostomy tube ?
  - Concerns about cardiac disease ?
- Patient's preference
- What are the treatment objectives ?
- RECOMMENDATIONS ?

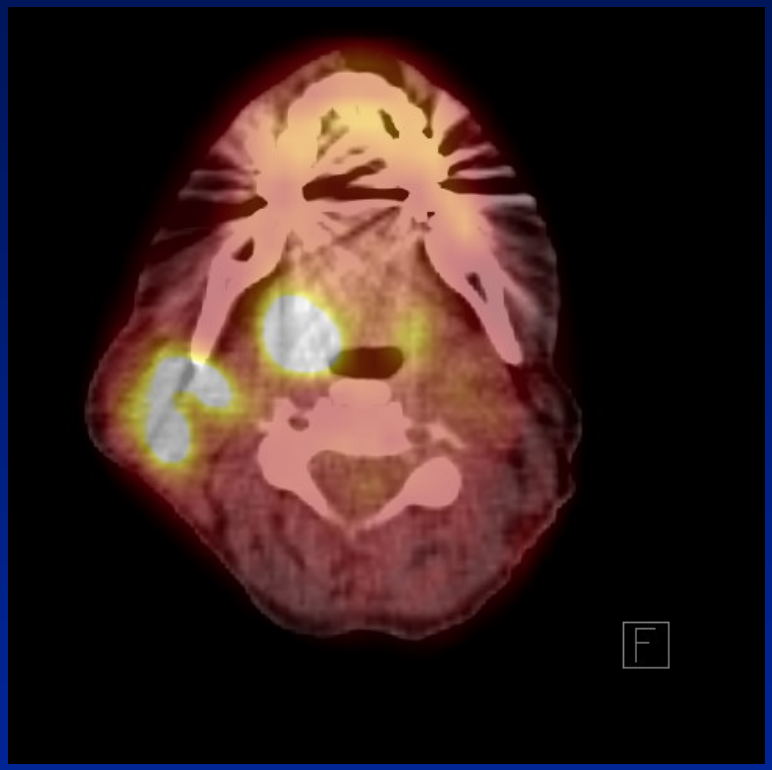
CASE PRESENTATION 3

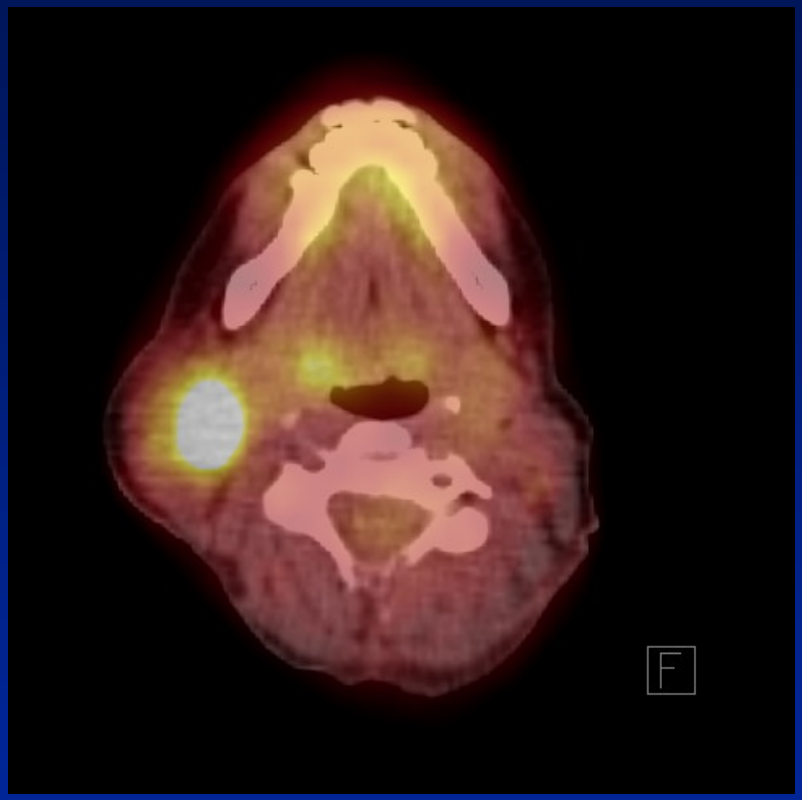
- A 53-year-old female, never smoker, presented with a right neck lump that she first noted a month ago
- History of diabetes; creatinine clearance 60 ml/min; no other past medical history
- Performance status 0
- **Physical exam**:
  - Exophytic mass in right tonsilar area, about 3 cm
  - Palpable right neck lymph node, 5.5 x 4.5 cm.

CASE 3 (cont.): further evaluation

- **CT scan:** Two adjacent right neck lymph nodes at level III with central necrosis (3 cm and 2 cm, respectively); tonsils are asymmetric with enlargement of the right tonsil
- **Right neck lymph node FNA** : *squamous cell carcinoma, moderately/highly differentiated*
- What is next ?

CASE 3 (cont.): Staging with PET/CT





- PET/CT findings:
  - Right tonsilar mass, (SUVmax 17.2)
  - Right neck lymph node, (SUVmax 14.6)
  - Small left lymph node with low uptake (SUVmax 2.2)

CASE 3 (cont.): further assessment and recommendations

- Right tonsilar biopsy, *positive for squamous cell carcinoma, p16+*
- Stage T2N2B (IVA), p16+ SCC of the right tonsil
- Recommendations ?