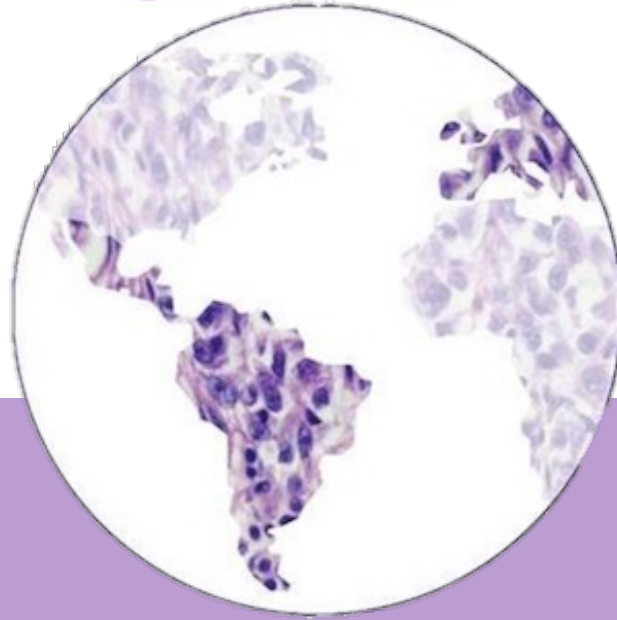


**SELNET**



**SELNET MDT**

***March 2023***



Case	Diagnosis	Country
1	Synovial sarcoma	Oman SQCCCRC Dr. Boris Itkin
2	Cutaneous angiosarcoma	Brazil A. C. Camargo Cancer Center Dr. Fernando Campos
3	Pelvic chondrosarcoma	Argentina Hospital Universitario Austral Dr. Marcos Galli Serra
4	Peritoneal epithelioid sarcoma	Bolivia OncoBolivia Dr. Ronald Limón
5	Undifferentiated pleomorphic sarcoma	Brazil A. C. Camargo Cancer Center Dr. Fabrício de Souza Braga
6	Uterine Stromal Sarcoma	Costa Rica Hospital San Vicente de Paul Dra. Natalia Jiménez
7	Uterine carcinosarcoma/spinal metastases-sarcomatous component	Colombia Clínica del Country Dr. Juan Carlos Velásquez



Case	Diagnosis	Country
1	Synovial sarcoma	Oman SQCCCRC Dr. Boris Itkin



## **SELNET MDT**

March 30th, 2023

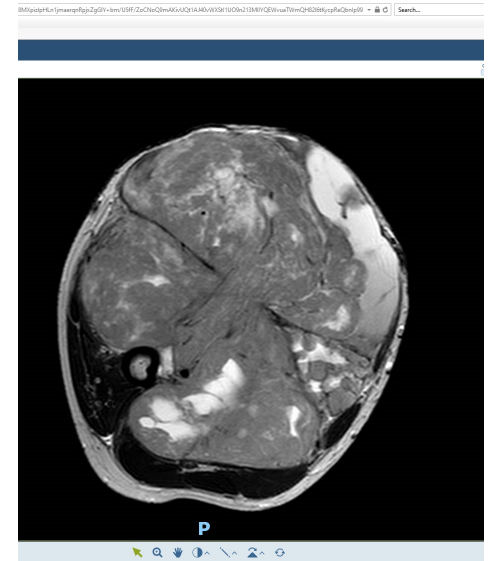
**Boris Itkin, MD**

SQCCCRC

Oman

## 16-years-old female young lady with no relevant PMH

- Right thigh progressive swelling in the last 1 year, painless
- Baseline MRI right thigh 26.09.2022  
Large lobulated cystic mass in the inter- and intramuscular planes of the anteromedial aspect the right thigh extending to the posterior compartment. 18.0(AP) x 17.3(T) x 30.0(CC) cm.
- Baseline CT chest – at least 4 lung mets, 3 RLL, 1 LLL
- MDT outside:
  1. Disarticulation was proposed as the first option
  2. With the diagnosis of localized Synovial Sarcoma of the right thigh T2N0M1G3, irresectable upfront, she was planned for EpSSRRG/NRSTS with 3 cycles IFO/DOX followed by 2 cycles of concurrent RT/IFO and 1 cycle of IFO/DOX.
- She received 3 cycles AIM and was restaged in our center



SI:16  
Pos:-15.69 mm  
Acc#: 5000032763  
Cor  
Co:1  
Patient Pos: FFS  
Study Desc: MR Thigh  
Series Desc: COR T2 FSE STIR  
< 3 - 16 >

Findings: 2

SQCCRC Oman  
[ 12/12/2022 09:56:02 ]

Current

214% Pixel  
DFOV 43.0 x 50.1 cm  
SW 4.00 mm  
Viewer

SI:21  
Pos:14.42 mm  
Acc#: 5000031602  
Cor  
Co:1  
Fr:1  
Patient Pos: FFS  
Study Desc: MRI THIGH (RIGHT)  
Series Desc: STIR  
< 601 - 21 >

Lossy: Ratio = 8.00  
Findings: 2

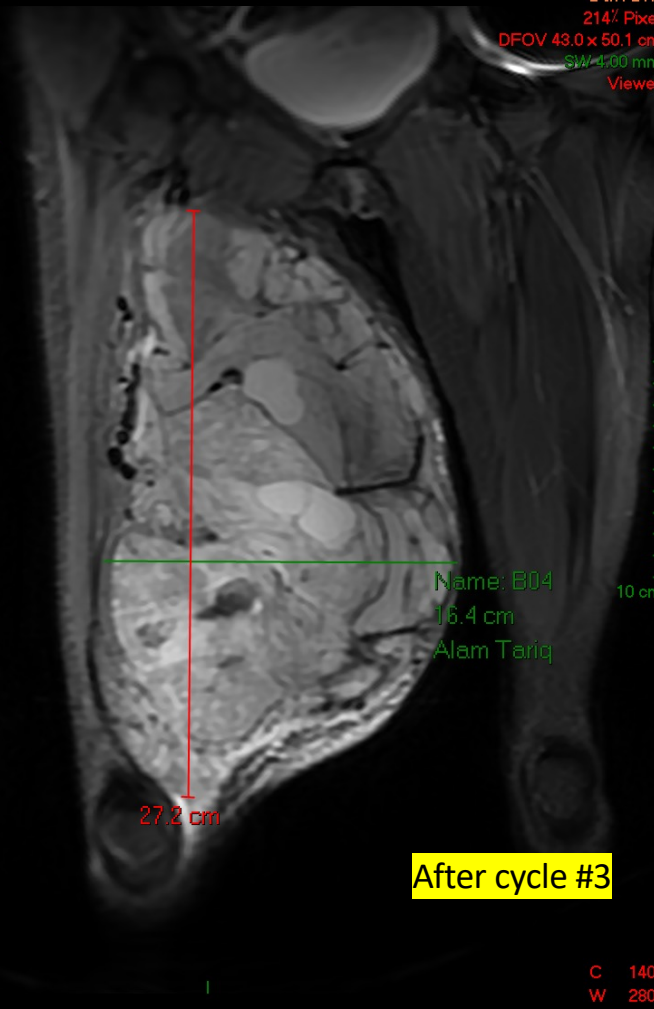
Apollo Speciality Hospital - Teynampet  
26/09/2022 21:21:31

Prior 1

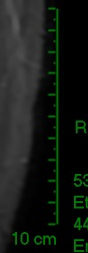
229% Pixel  
DFOV 43.0 x 50.1 cm  
SW 4.00 mm  
Viewer

R

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Enc: ^  
1+hex

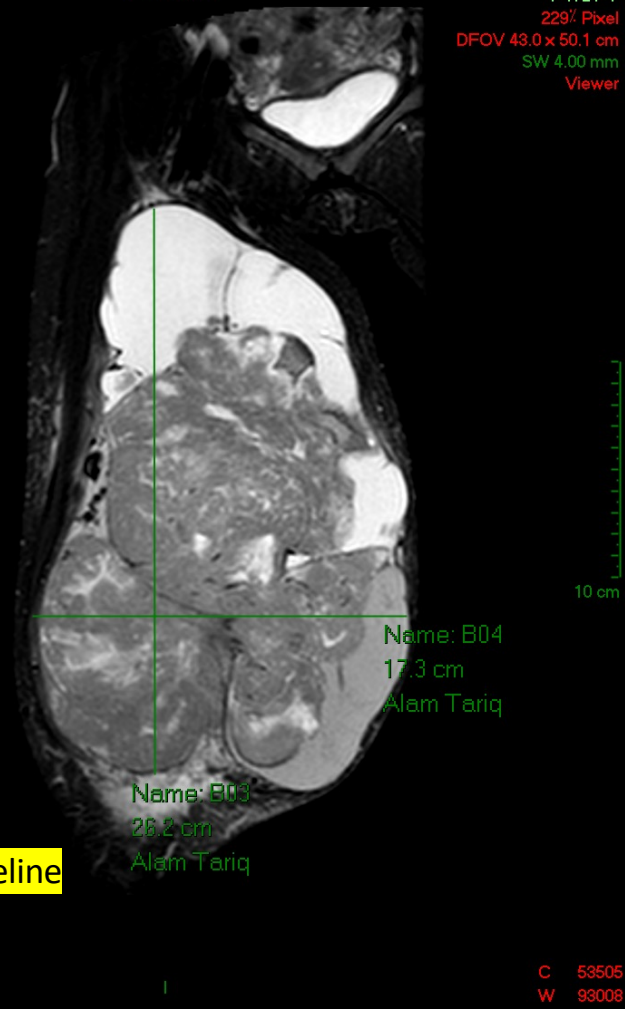


After cycle #3



R

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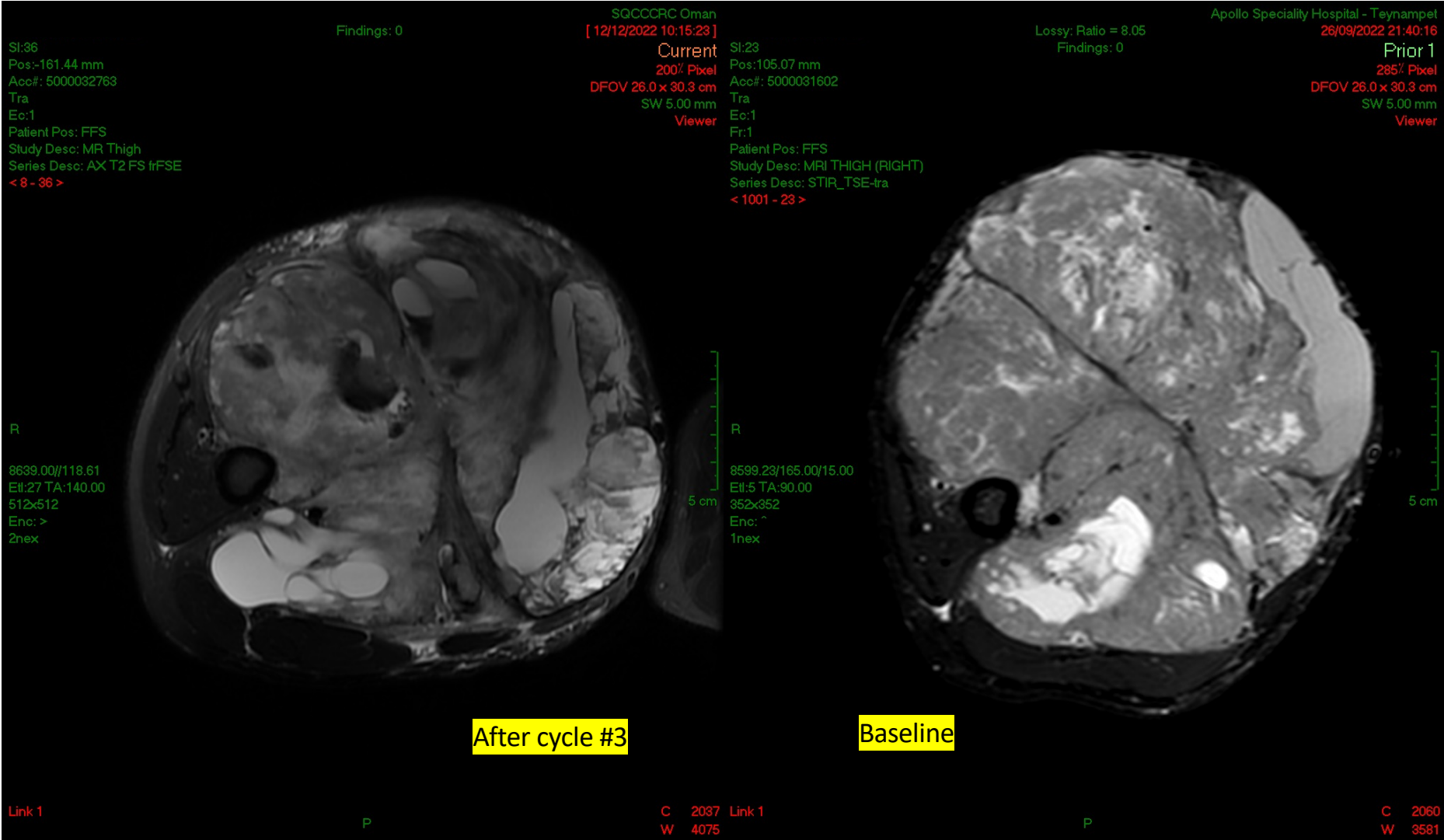
Baseline

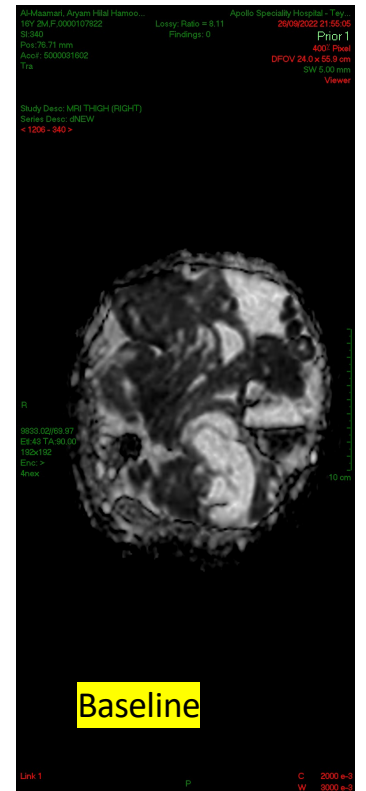
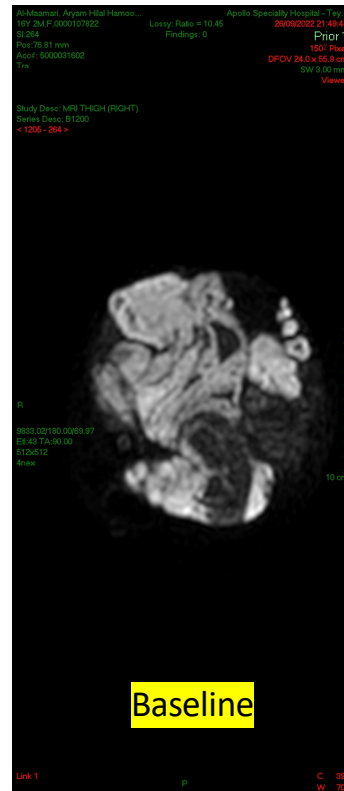
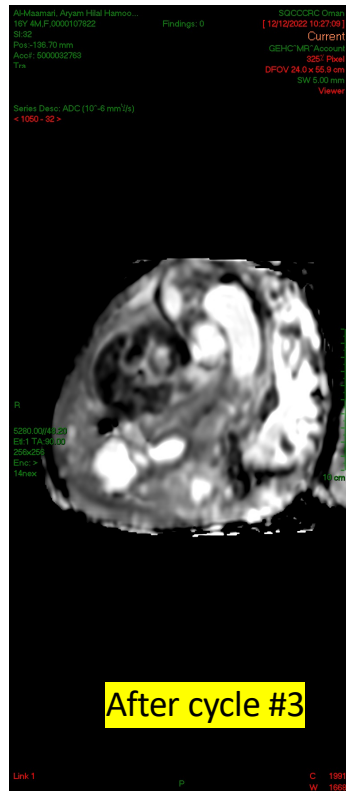
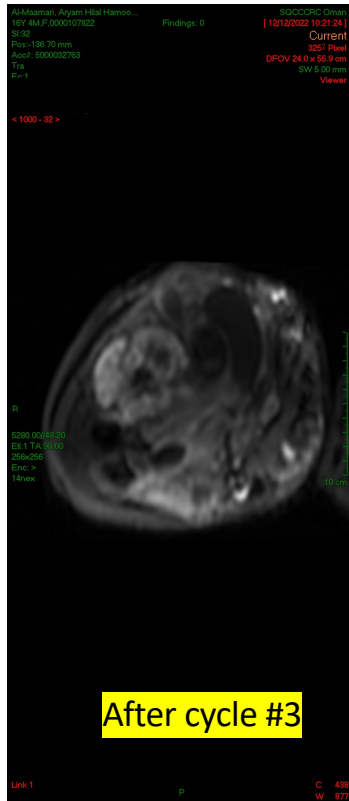


Link 1

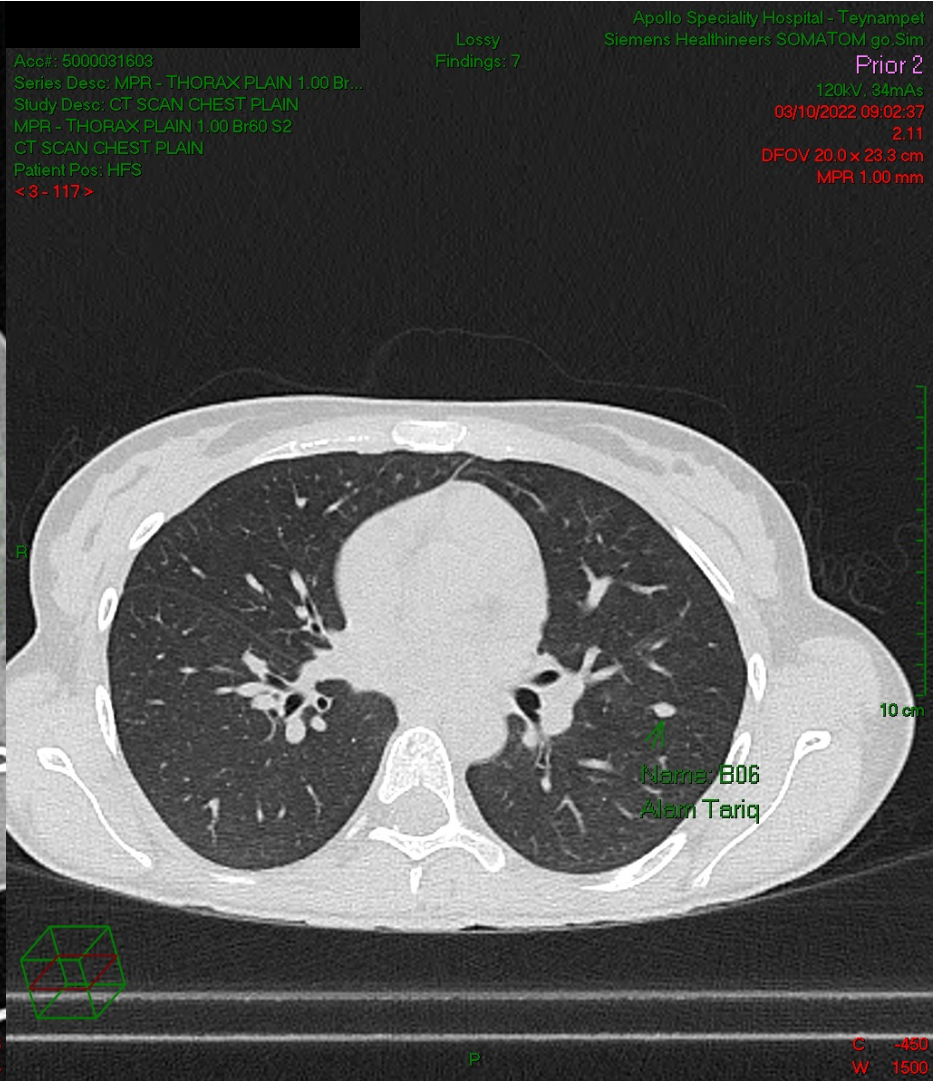
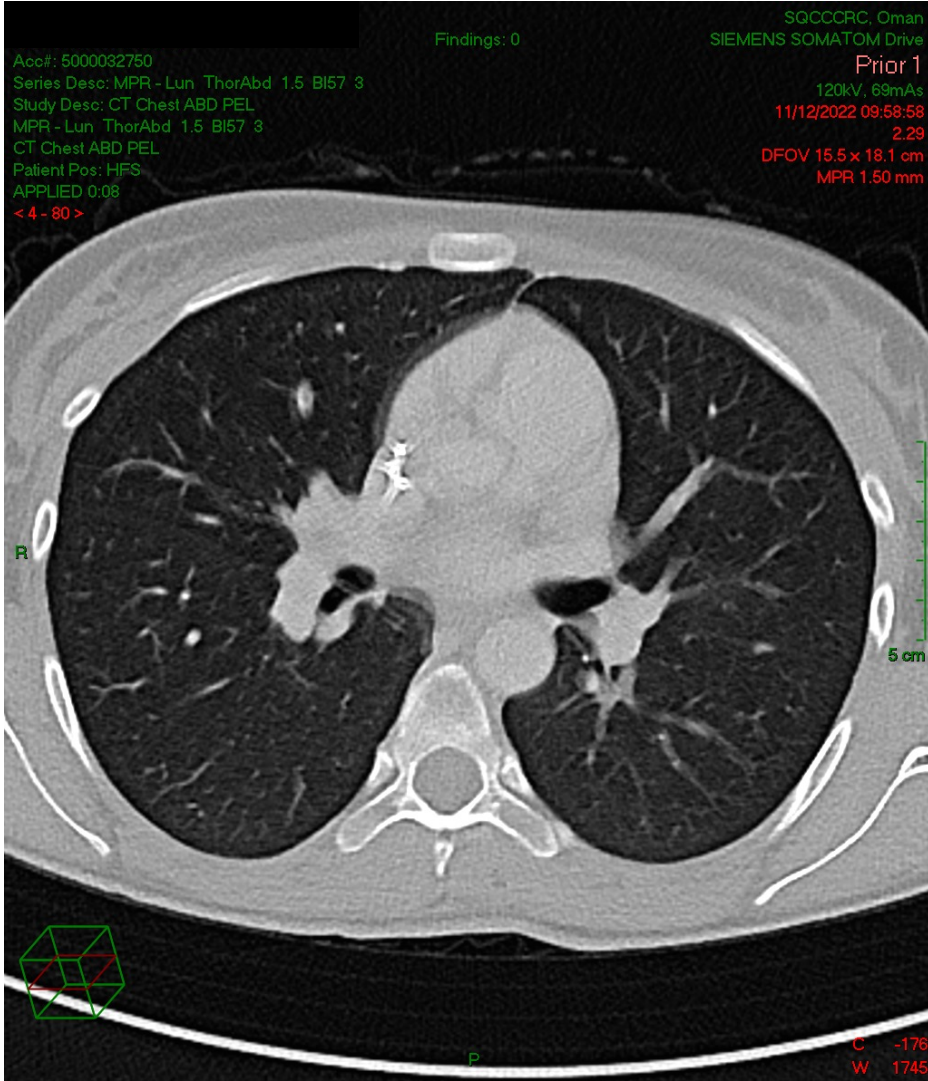
C 1401 Link 1  
W 2802

C 53505  
W 93008

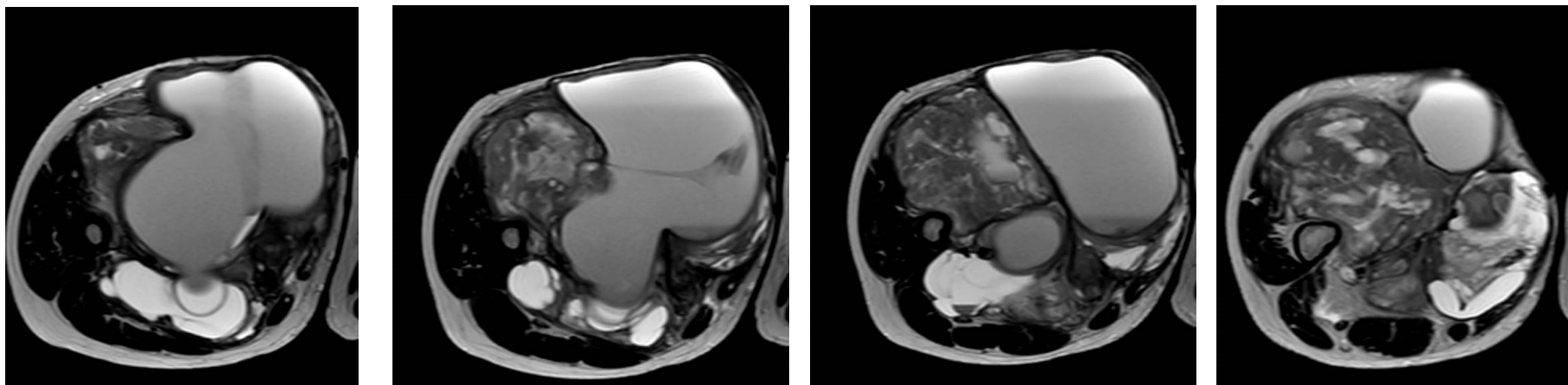








After 3 cycles of AIM the case was re-discussed in the MDT and the panel decided to [change the plan dropping RT](#), give [2 more cycles of AIM](#) and evaluate for resection.



After cycle #5

Cycles #4 and #5 were given with delays and dose reduction up to 50% due to neutropenia. Nevertheless, MRI after #5 reported a [further slight interval reduction](#) in the mass at the femur with more areas of cystic component which is likely related to the treatment effect. Lung lesions were stable. PS-0. Asymptomatic

New MDT discussion ratified that downsizing is insufficient and disarticulation should be done

- The patient refused disarticulation and cycle #6 up to cumulative dose of 360 mg was started

In summary: Large unresectable thigh mass with insufficient downsizing after 5 cycles. Lung nodules deemed to be oligometastases.

Questions to the Board:

Should we pursue a curative approach or go to a palliative chemotherapy?



Case	Diagnosis	Country
2	Cutaneous angiosarcoma	Brazil A. C. Camargo Cancer Center Dr. Fernando Campos

**SELNET**



# Virtual MDT Board

**Fernando Campos, MD**  
Medical Oncologist  
A.C.Camargo Cancer Center  
Sao Paulo, Brazil

March 2023



# Virtual MDT Board

- 53 yo female
- Comorbidities: Hypertension and Adult-onset primary lymphedema for 30 years.
- No family history of cancer.

## **ONCOLOGICAL SUMMARY:**

- Sept 2022: emergence of purplish spots on left leg, initially treated as erysipelas.
- No Other symptoms.



# Virtual MDT Board





# Virtual MDT Board







# Virtual MDT Board





## ONCOLOGICAL SUMMARY:

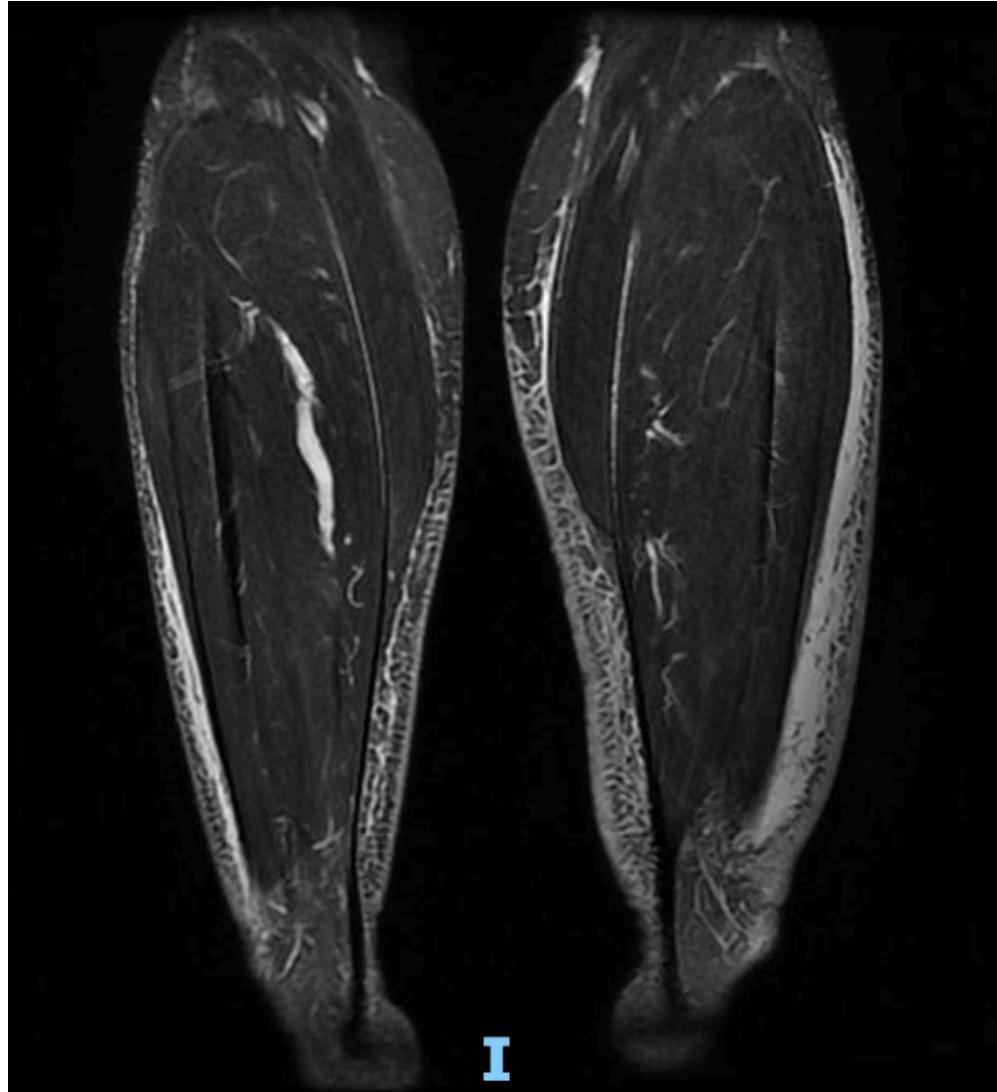
- Sept 2022: emergence of purplish spots on left leg, initially treated as erysipelas.
- Feb 2023: BIOPSY – malignant neoplasm of epithelioid cells and vascular component.
- IHC: ANGIOSARCOMA.

<b>Marcador</b>	<b>Anticorpo/Clone</b>	<b>Resultado</b>
CD34	QBEnd10	<b>Positivo</b>
CD31	JC70A	<b>Positivo</b>
AE1+AE3	AE-1/AE-3	<b>Negativo</b>
ERG	EP111	<b>Positivo</b>
AML	1A4	<b>Positivo</b>
Desmina	D33	<b>Negativo</b>
S100	Policlonal	<b>Negativo</b>
HHV8	13B10	<b>Negativo</b>

- CT Scans – no evidence of metastasis.
- Brain MRI – no evidence of disease.



# Virtual MDT Board





# Virtual MDT Board

**DISCUSSION: Management of cutaneous angiosarcoma related to chronic lymphedema (Stewart-Trevis Syndrome).**



Case	Diagnosis	Country
3	Pelvic chondrosarcoma	Argentina Hospital Universitario Austral Dr. Marcos Galli Serra



# SELNET MDT

March 30th, 2023

**Marcos Galli, MD**  
Hospital Universitario Austral  
Argentina

***Tumor Committee:  
Chondrosarcoma of the pelvis.***

Male patient 33 years.

*Recurrent left flank tumor.*

*Personal history:*

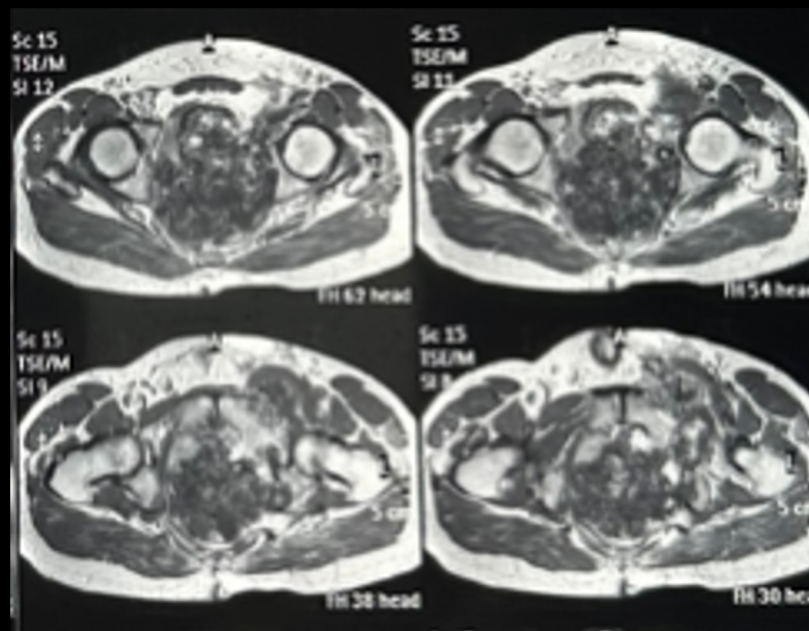
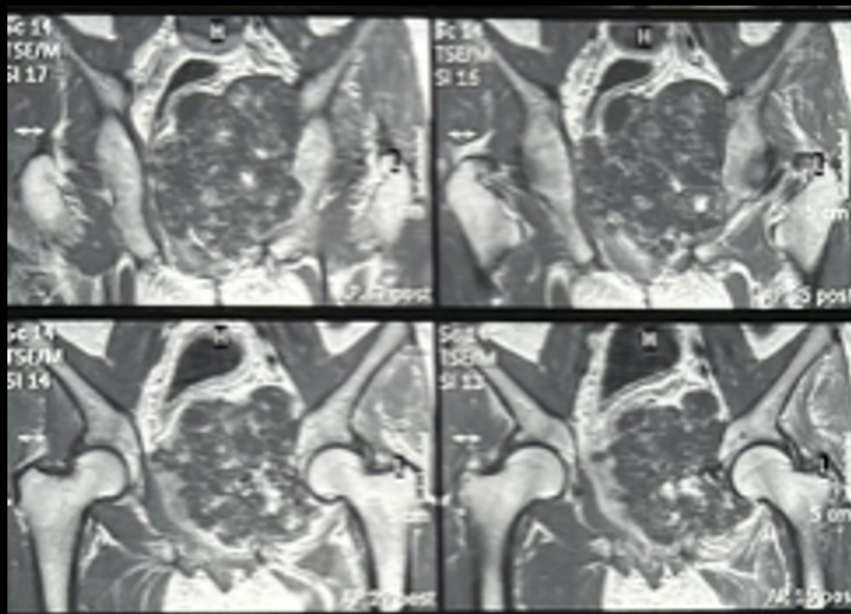
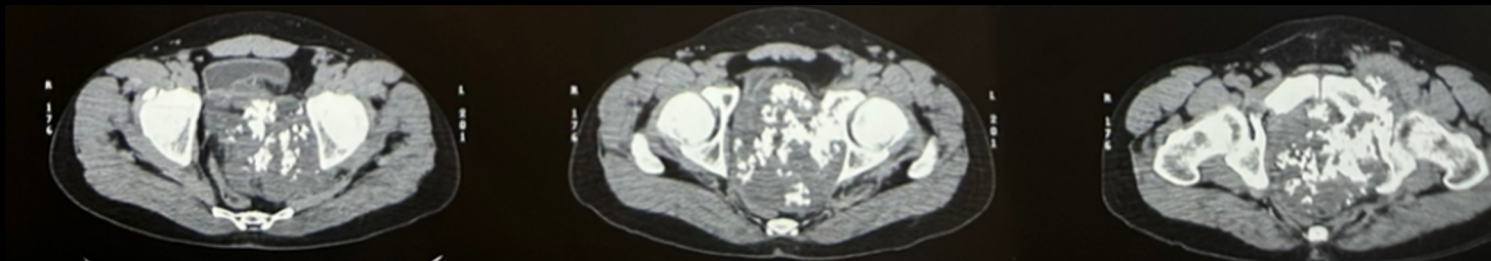
- *Grade I chondrosarcoma of the pelvis, operated at Clínic San José in Buenos Aires 2017.*
- *Recurrence in 2021.*

*Physical examination: palpable hard elastic tumor adhered to deep planes on the left flank with extension to ipsilateral inguinal region.*

*Palpable peripheral pulses. No sensory or motor deficit.*



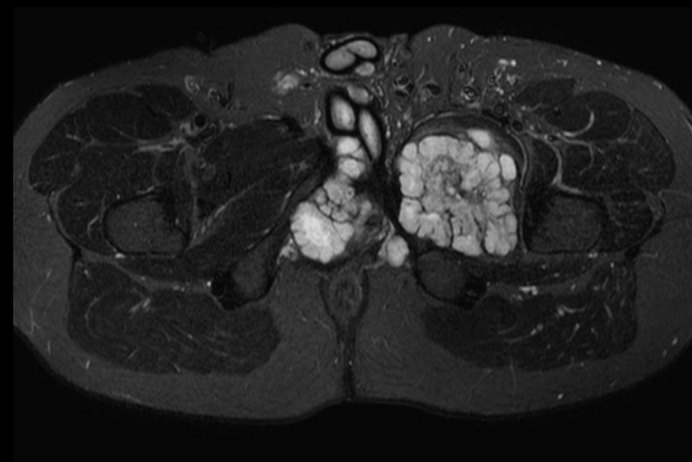
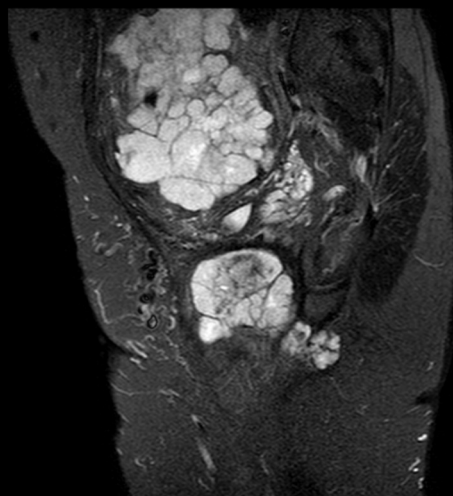
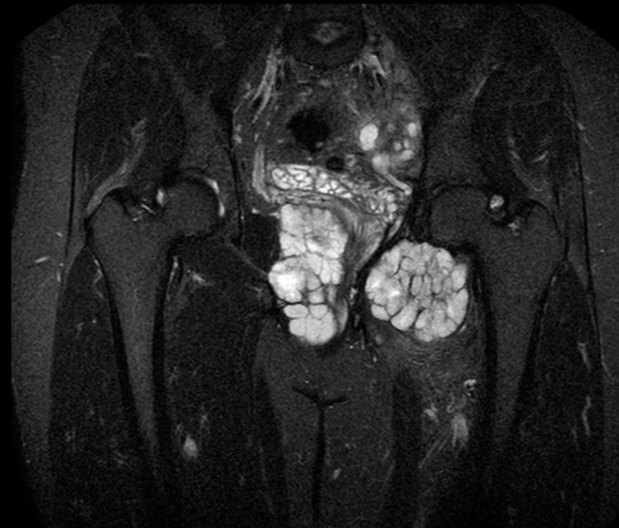
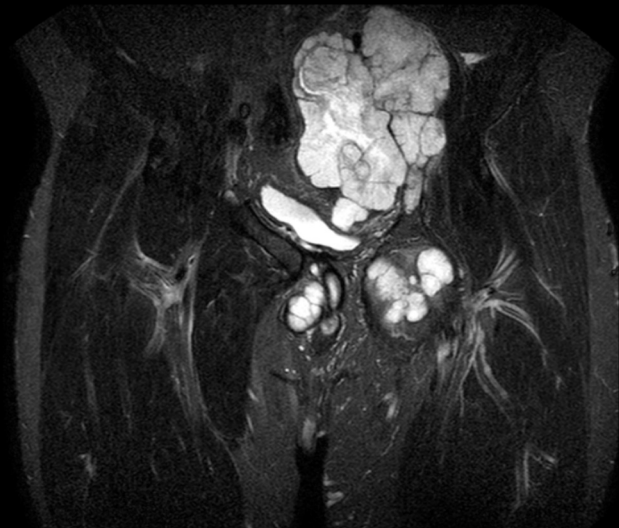
Septembre  
2017



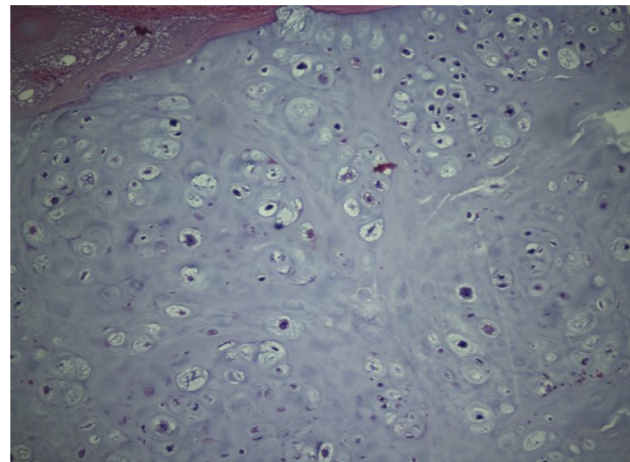
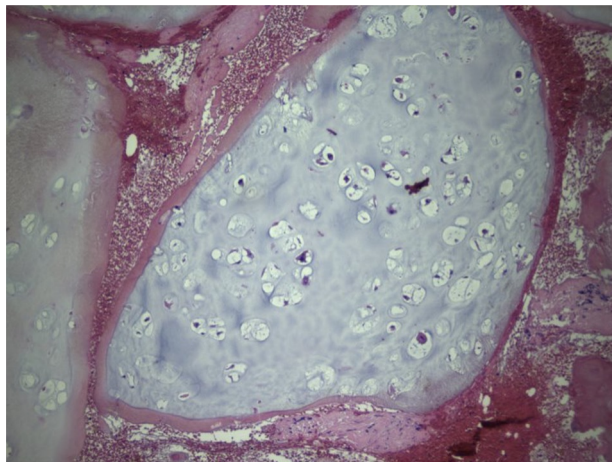
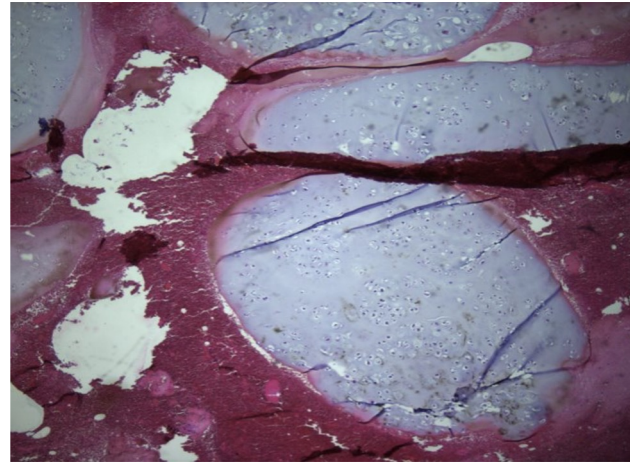
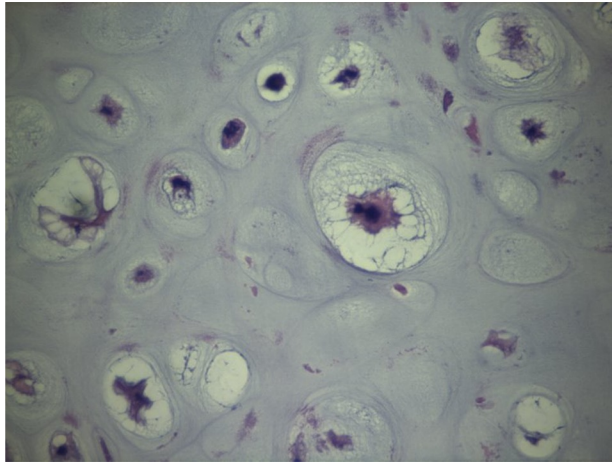
*September*  
2018



*January  
2023*



## PA: Chondrosarcoma grade II





Case	Diagnosis	Country
4	Peritoneal epithelioid Sarcoma	Bolivia OncoBolivia Dr. Ronald Limón



# SELNET MDT

March 30th, 2023

Ronald Limón MD – OncoBolivia/ Bolivia

NNN , 21 y.o., male, no comorbidities known

History Family of cancer:

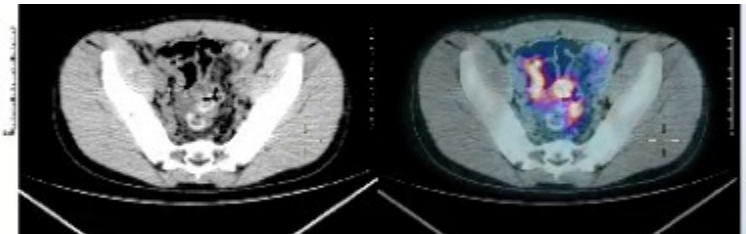
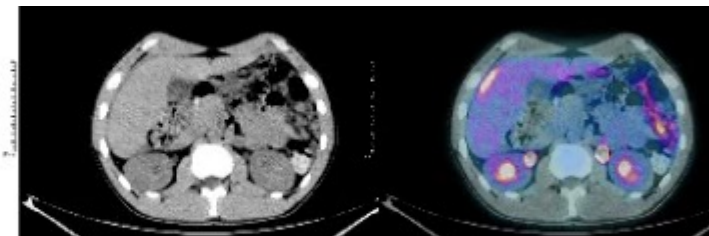
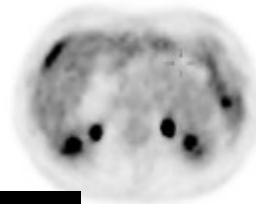
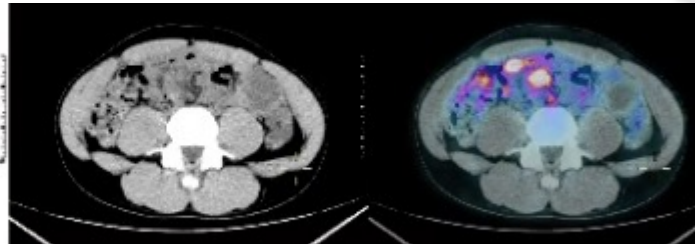
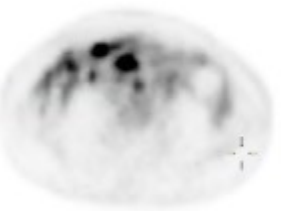
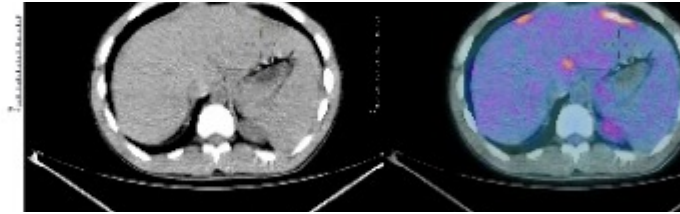
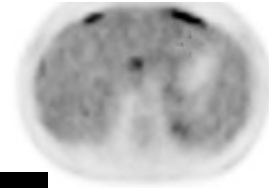
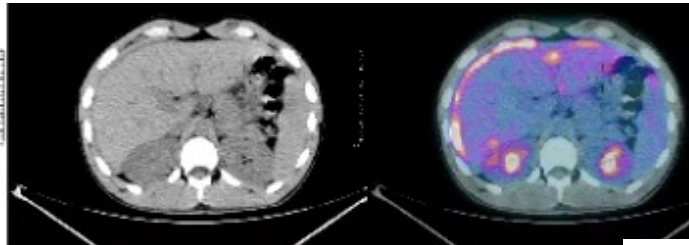
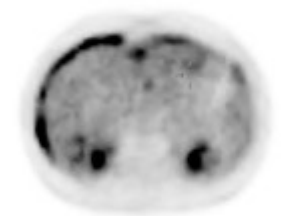
.Great-grandmother: Colon Ca. Grandfather: Colon Ca. Aunts (2) Breast Cancer Before 35y

- (Spain) August. 2022: a permanent pain of the right iliac fossa.
- Physical exam: Abdomen M(-), B(+/-), R(+)
- US: solid lesion dependent of the left flank
- Body scans: Left flank shows a solid nodular lesion measuring 4.4 x 4 cm, others of a smaller size distributed in the mesogastrium. Marked diffuse mesenteric fatty trabeculation. Free fluid, perihepatic and pelvis with peritoneal enhancement in relation to infiltrative disease.
- PET/CT

1)Liver: Irregular and diffuse uptake of FDG at the perihepatic level with the presence of fluid in relation to neoformative disease. SUV. 7.5

2) Several areas with pathological FDG uptake in relation to soft tissue lesions. involving peri-loop mesenteric fat, peritoneal region, pelvic and hypogastric zones. SUV8.4, SUV 6.4

**AUGUST 2022**





- (Germany) Laparoscopy / Biopsy: CARCINOMATOSIS?

Pathology Report 11.09.2022

IHC: (+)

Pan—cytokeratin (MNF116,AE1/AE3): +

D240 membranous:+

WT1: unspecific cytoplasmic positive but without a specific reaction of the nucleus.

IHC: (-):

BerEP4, Pax-8, TTF-1, CK5/6, CK7, CK20, CDx2, bet-HCG, inhibin, CD30, PLAP, AFP.

FISH: p16(CDKN2A) deletion (-)

Ki67: 20-30%

1<sup>o</sup> Epithelioid mesothelioma of the peritoneum vs High grade sarcoma

- Bopsy refer to specialized center in sarcoma  
(Gerhard Domagk Institute of Pathology GIST and Sarcoma Registry Reference center of The ewing Sarcoma study and EURAMOS)

2º Tumor cells mostly possess a broad eosinophilic bulbous cytoplasm.

IHC: Cd34(+), BRG1(+)-->failure INI-1, DOG1(-), ERG(-), CD31(-). P53(+), KI 67: 20-30%

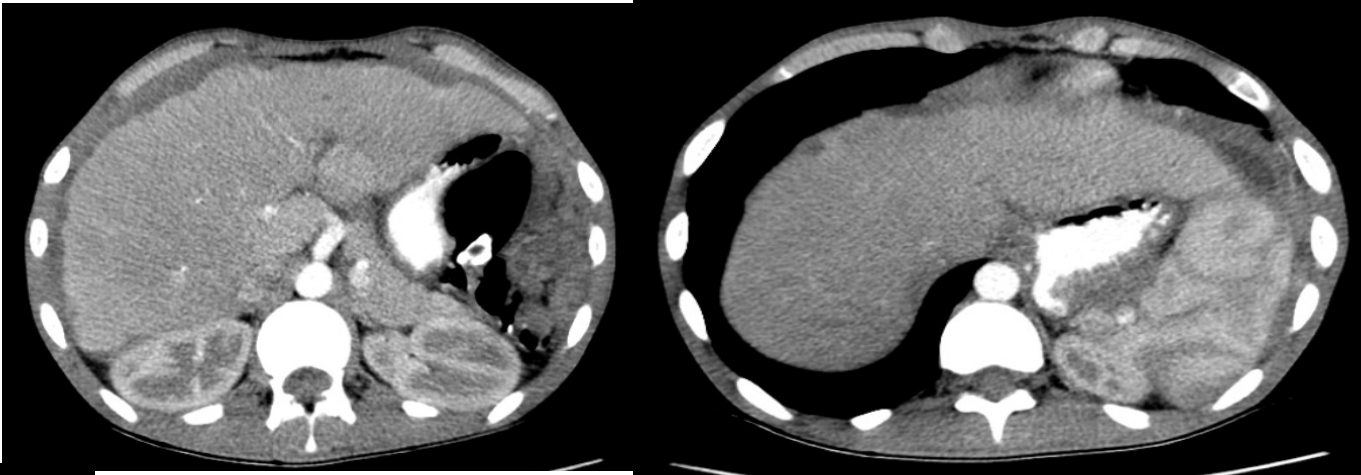
Conclusion: INI-1 (SMARCB1)-deficiente belongs to epithelioid sarcomas

Diagnosis: EPTHELIOID SARCOMA OF THE PERITONEUM STAGE IV

TREATMENT: IFO+DOX X 3 CYCLES (02.02.2023)

(AFTER 3 CYCLES PRESENT SEVERE TOXICITY (NEUTROPENIA / ACUTE ABDOMEN OBSTRUCTION? PERFORATION ? FINDINGS: Generalized Peritonitis And Frozen Pelvis. Therefore, He Remained With Drainage For A Long Time And Leakage Of Material Suggestive Of A Low Output Fistula From Wound. Currently Recovered.

MARCH 2023



- **Questions:**

1- Would you recommend a maximum effort surgery in this moment?

2- If surgery is possible. Would you recommend continue with CT as maintenance treatment? Monotherapy?

3- In case surgery isn't possible. Would you recommend CT until disease progression ?

4- What do you think about Tazemetostat as maintenance treatment in this case?

5- NGS ? PD-L1? (Immunotherapy)



Case	Diagnosis	Country
5	Undifferentiated pleomorphic sarcoma	Brazil A. C. Camargo Cancer Center Dr. Fabrício de Souza Braga

**SELNET**



# Virtual MDT Board

**Fabrício Braga, MD**  
Medical Oncology Fellow  
A.C. Camargo Cancer Center  
Sao Paulo, Brazil

March 2023



# Virtual MDT Board

- 78 yo female
- Comorbidities: hypertension, deep vein thrombosis (March 2022), hysterectomy (endometriosis), thyroidectomy
- 1985: breast cancer, treated with mastectomy + 25 RT sessions
- No family history of cancer.

## **ONCOLOGICAL HISTORY:**

- March 2022: left shoulder lesion.
- March 2022: CT (cervical) - mass in the left axillary / infraclavicular topography, 91x81mm
- March 2022: biopsy: undifferentiated pleomorphic sarcoma (UPS), probably induced by RT.



# Virtual MDT Board

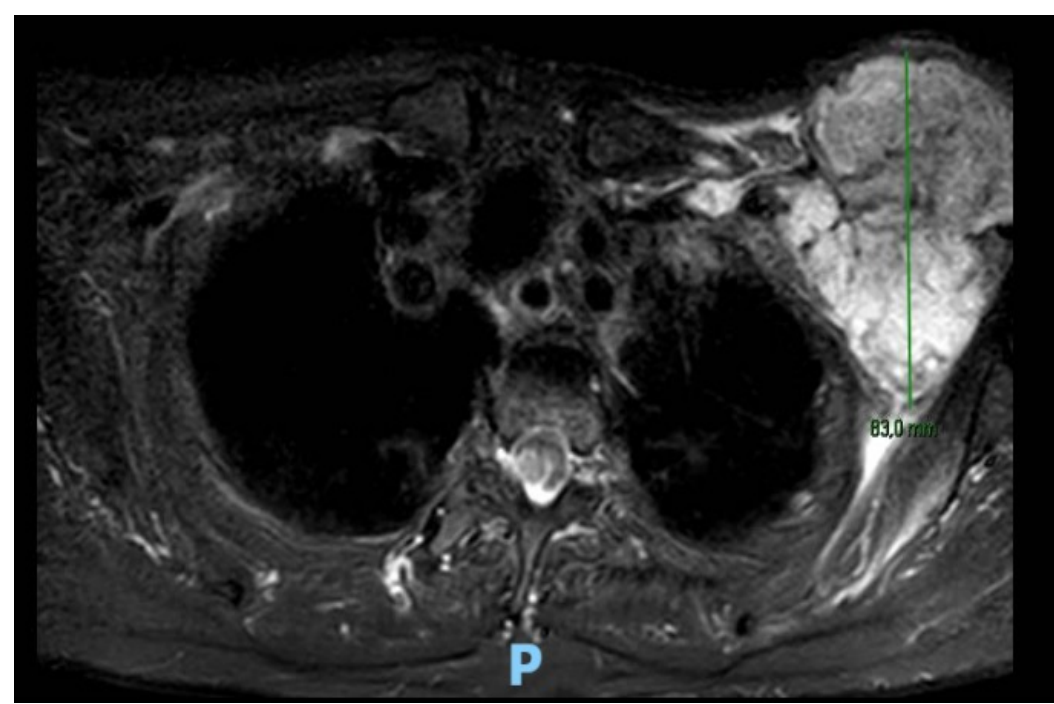
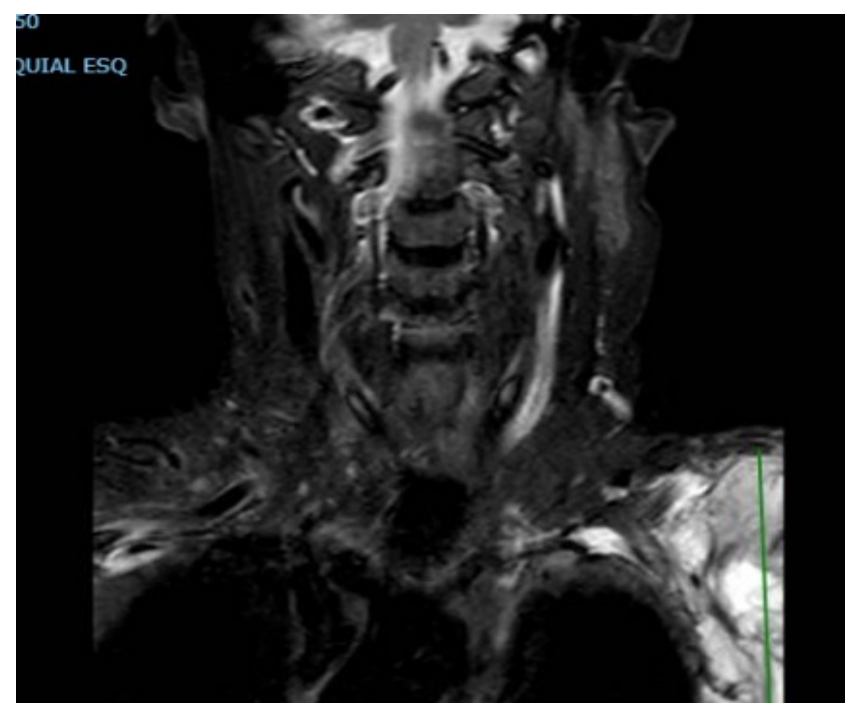
- March 2022 cervical and brachial plexus MRI:

Left mastectomy signs. Heterogeneous expansive lesion with exuberant contrast enhancement and extensive area of necrosis / liquefaction, centered on the left axillary / infraclavicular region, measuring approximately 91 x 81 mm in the largest axial axes. There is extension and infiltration to the muscle planes of the shoulder, involving the most anterior portion of the deltoid muscle, the subscapularis muscle, and the long head of the brachialis muscle. Inferiorly, it infiltrates the pectoralis major and minor muscles and the coracobrachialis muscle. It circumferentially involves the subclavian artery, with signs of invasion of its distal portion. It maintains close contact with the anterolateral aspect of the 2nd left costal arch, with an irregular bone surface. There are signs of infiltration of the proximal portions of the branches of the brachial plexus, and of the divisions into the lateral, posterior, and medial cords. There is also involvement of the costoclavicular and retropectoral spaces. Free interscalene space. Roots, trunks and cords that make up the brachial plexus with preserved path and morphology. Absence of lymph node enlargement.





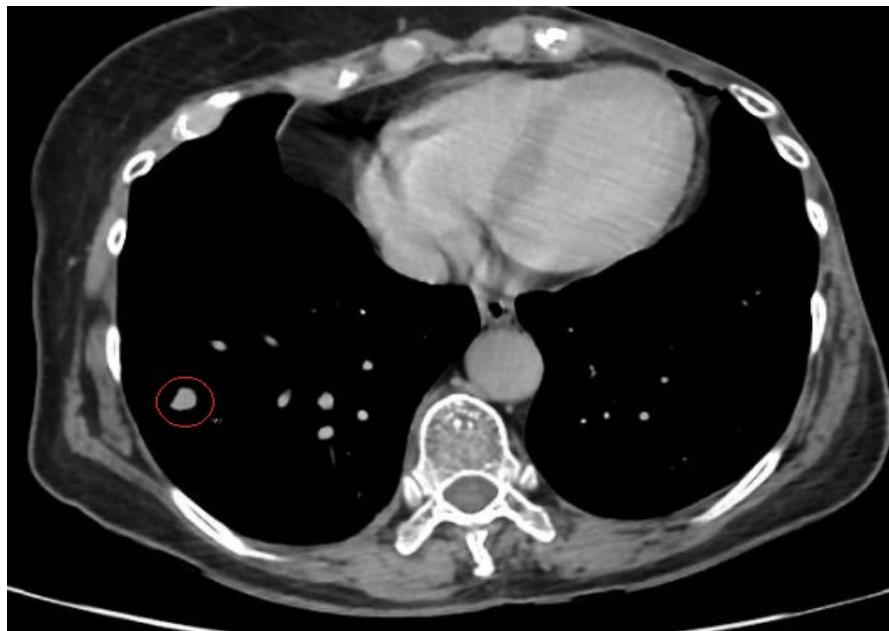
# Virtual MDT Board





# Virtual MDT Board

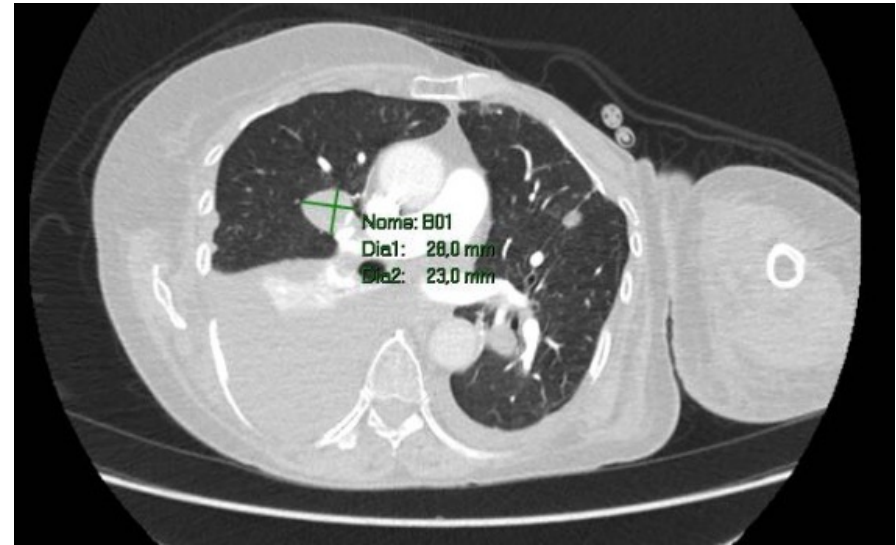
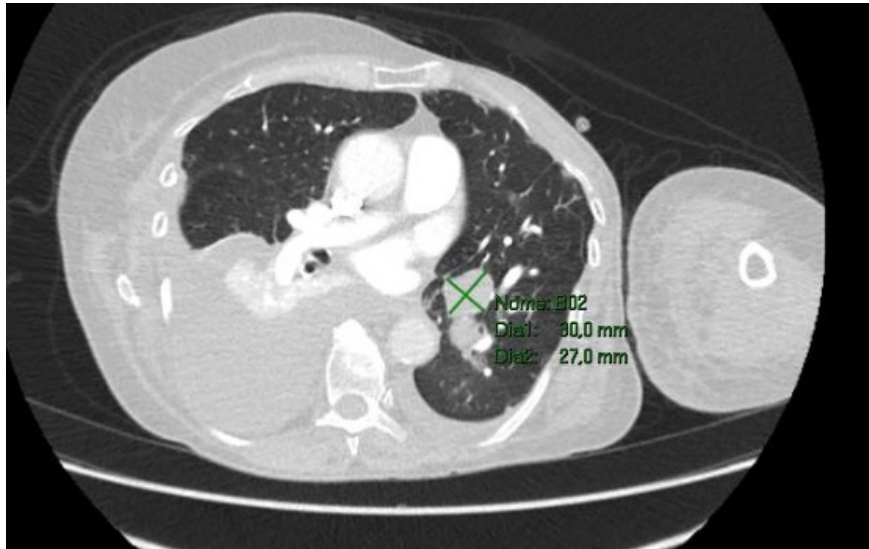
- March 2022: Chest CT – pulmonary metastasis.
- 02/25/22: Bone scan: NED





# Virtual MDT Board

- 03/21/2022: C1D1 doxo + ifosfamide.
- March 2022: DVT left upper extremity
- 04/13/2022: D1C2 doxo + ifosfamide.
- Chest TC 04/12/2022: bilateral pleural effusion, pulmonar desease progression





# Virtual MDT Board

- May 2022: D1C1 Pembrolizumab
- 06/14/2022: D1C2 Pembrolizumab
- 07/26/2022: D1C3 Pembrolizumab
- August 2022: Chest and abdomen CT: almost complete and sustained response on lung mets + PD on adrenal and local
  - SBRT 46Gy in right adrenal gland

08/22/22



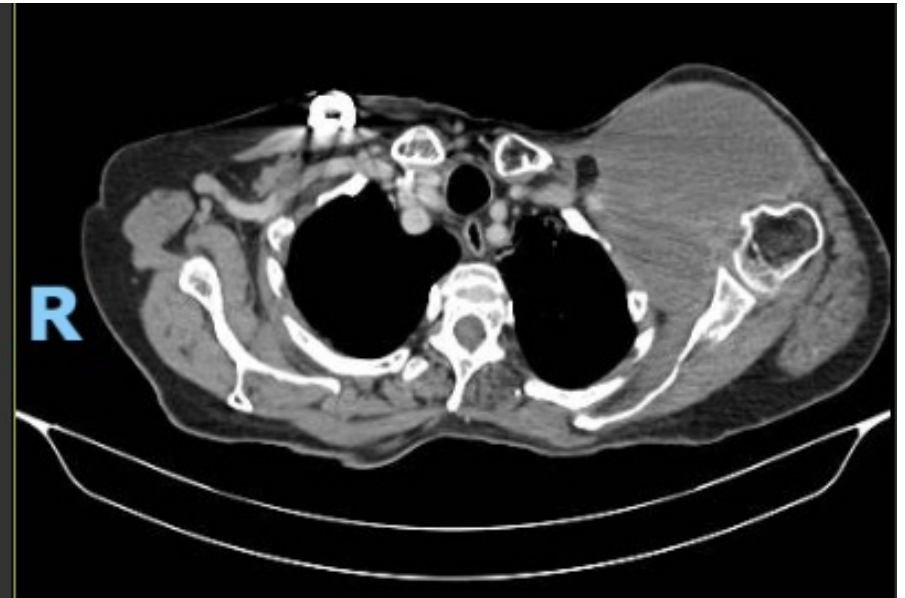
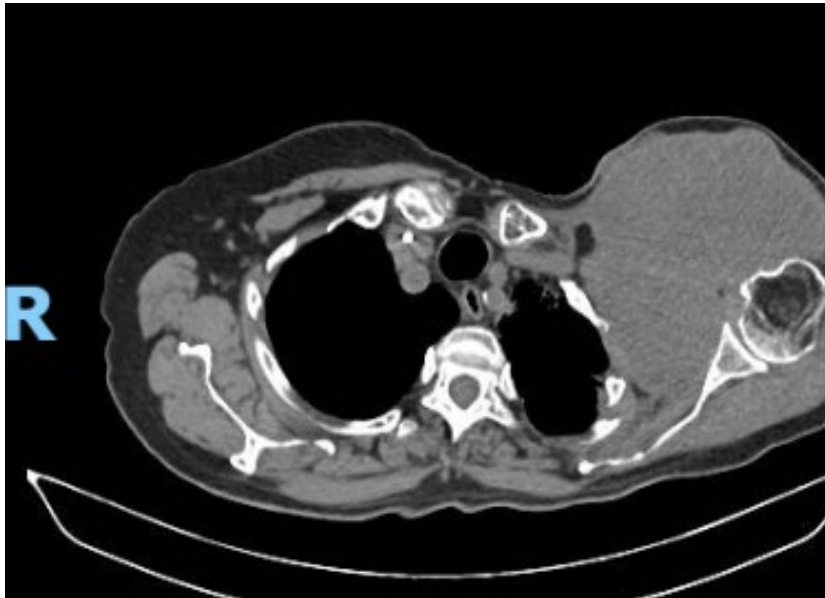
04/12/22





# Virtual MDT Board

- Nov 2022: sustained pulmonar /pleural response, with local and adrenal DP, but important clinical improvement
- Tumor board: high morbidity of desarticulation surgery, necessity of vascular reconstruction for adrenal surgery >> only local tratment by now.
- Dez/2022: progressive growth of local lesion





# Virtual MDT Board

- December 2022: tumoral bleeding in right shoulder
- January 2023: RT3D 45Gy (15x300cGy) in right shoulder injury.
- 01/12/2023: Cycle 7 Pembrolizumab



- **Summary:**

78

yo female, with radioinduced UPSin left shoulder + lung and adrenal mets + very good response on lung mets + PD on adrenal (IO sanctuary) and local

## **DISCUSSION: TREATMENT**

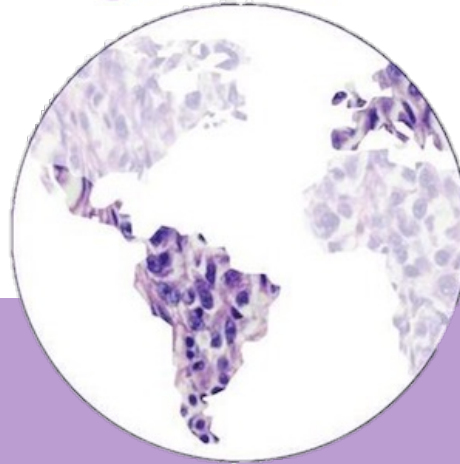
- 1. resection of primary symptomatic lesion (desarticulation)?
  - 2. mantain Pembro?
  - 3. associate pembro + pazopanibe?



Case	Diagnosis	Country
6	Uterine Stromal Sarcoma	Costa Rica Hospital San Vicente de Paul Dra. Natalia Jiménez



**SELNET**



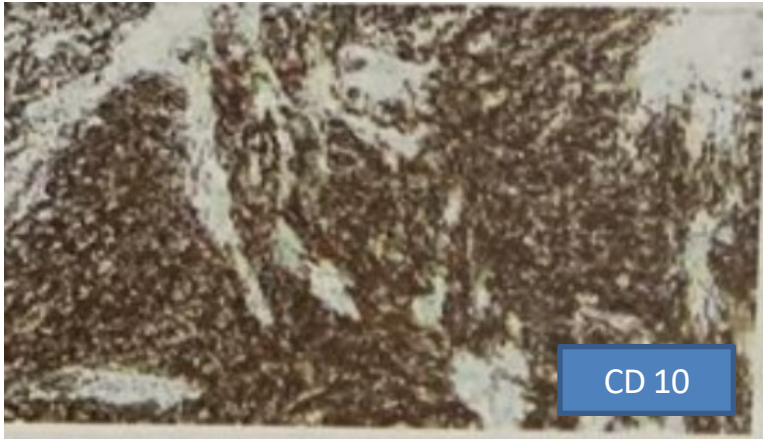
# **SELNET MDT**

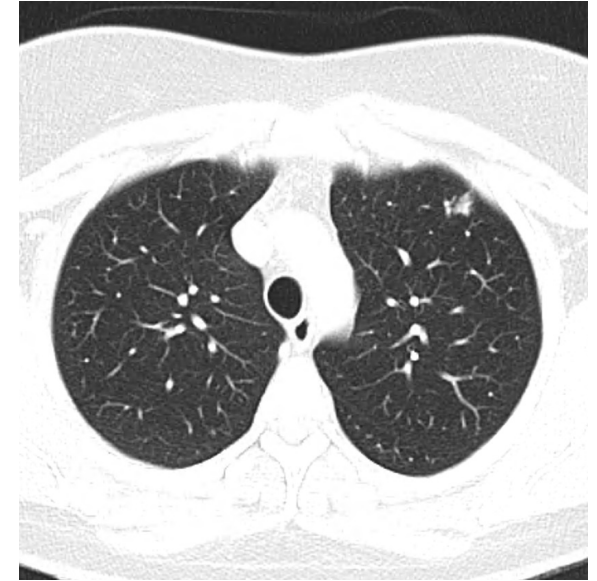
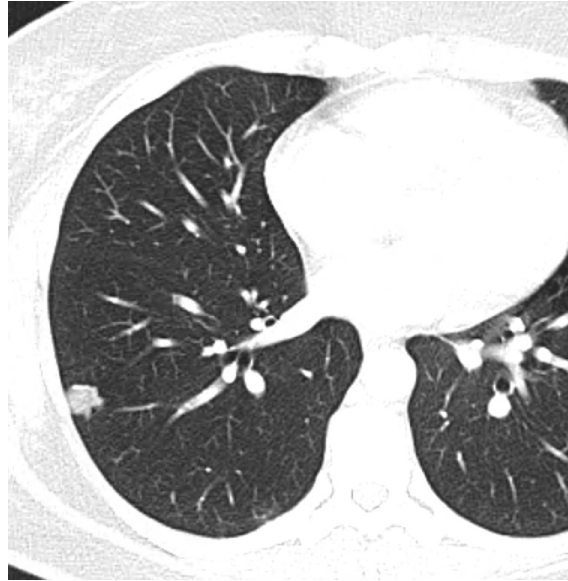
**DRA. NATALIA JIMÉNEZ**  
MEDICAL ONCOLOGY  
HOSPITAL SAN VICENTE DE PÁUL  
COSTA RICA

March, 2023



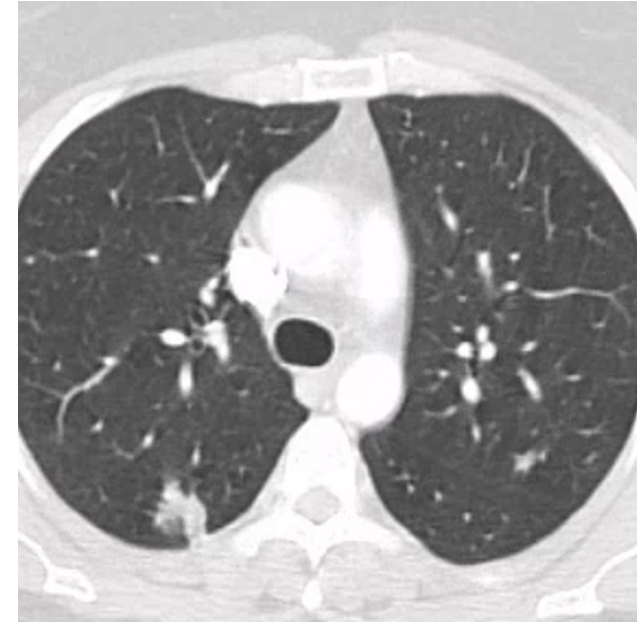
- FEM, 37 YEARS OLD, HEALTHY
- GYNECOLOGICAL HISTORY: NEVER PREGNANT, PLANNING ON ORAL CONTRACEPTIVES
- **APRIL 2022** STARTS WITH PELVIC PAIN
- **MAY 2022**--- PRIVATE TRANSVAGINAL US : “MYOMA” ----- SURGERY (PRIVATE HOSPITAL) TO "REMOVE THE MYOMA”
- BIOPSY: UTERUS-HIGH GRADE ENDOMETRIAL STROMAL SARCOMA, INFILTRATES THE SEROSA, LYMPHOVASCULAR INVASION, 2/13 POSITIVE NODES
- IHC:
  - POSITIVE FOR CD10, CYCLIN D1
  - **NEG** FOR DESMINE, CALDESMON, ESTROGEN AND PROGESTERONE RECEPTORS





CT JULY 2022  
AT DIAGNOSIS

- THORAX: RIGHT AND LEFT METASTATIC PULMONARY NODULES
- ABDOMEN WITHOUT METASTASES
- BIOPSY OF LUNG LESION ---- POSITIVE FOR METASTASES
- **SHE STARTED GEMCITABINE + DOCETAXEL IN AUGUST 2022 AND FINISHED THE 4th CYCLE IN NOV/22**

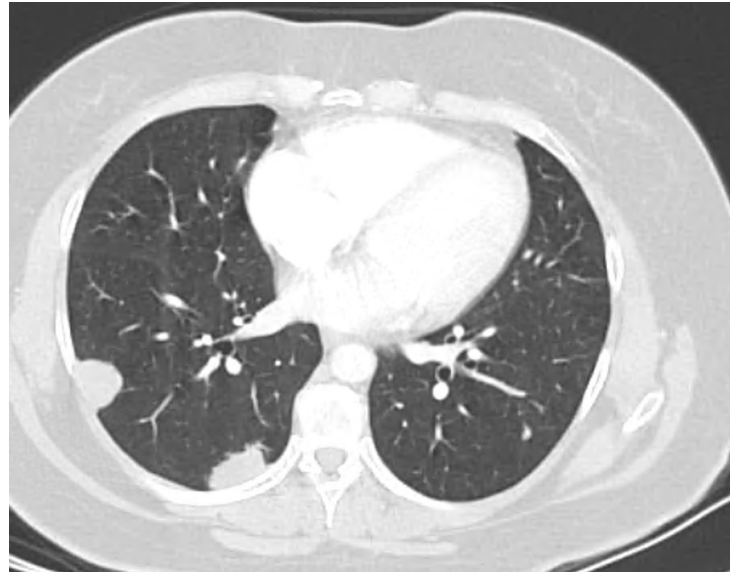


CT NOV 22: AFTER  
GEMCITABINE-  
DOCETAXEL

- METASTATIC PULMONARY NODULES: INCREASED IN SIZE AND NUMBER > 20% OF THEIR DIAMETERS: PROGRESSION



SHE STARTED  
EPIRUBICIN  
MONOTHERAPY  
IN NOV , 2022  
AND FINISHED  
IN MARCH 2023  
(6 CYCLES)



- **CT MARCH 2023** STABLE DISEASE
- SHE HAS REACHED THE **MAXIMUM CUMULATIVE DOSE OF ANTHRACYCLINE**

## QUESTIONS/RECOMMENDATIONS

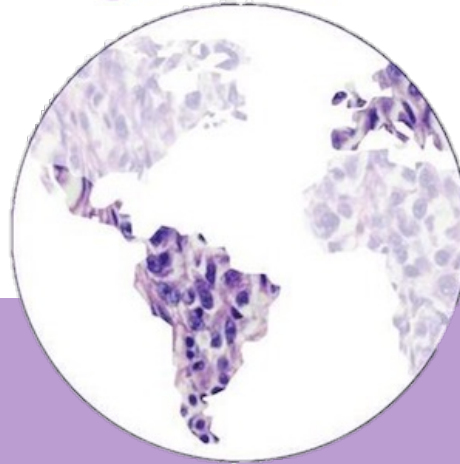
- 1. WHAT WOULD BE THE NEXT STEP TO CONTINUE WITH THIS PATIENT?
- A) LIPOSOMAL DOXORUBICIN
- B) DACARBAZINE
- C) PAZOPANIB
- D) TRABECTEDIN
- D) OTHER



Case	Diagnosis	Country
7	Uterine carcinosarcoma/spinal metastases-sarcomatous component	Colombia Clínica del Country Dr. Juan Carlos Velásquez



**SELNET**



# **SELNET MDT**

**Dr. Juan Carlos Velásquez**  
Clínica del Country  
Colombia

March, 2023



## Clinical Case

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Juan Carlos Velásquez MD FACP

28 mar 2023

# CASE

68 y-o female patient

Past medical history:

- Grade 2, left breast NOS carcinoma, Stage IIA (pT1c pN0 M0) ER 90%, PR 60%, HER2 ++/+++ FISH negative, Ki67 10%: quadrantectomy plus SLND (2016). Treated with adjuvant RT, tamoxifen (2y), switch to letrozol .
- Benign parotid tumors #2
- Breast cancer (mother)

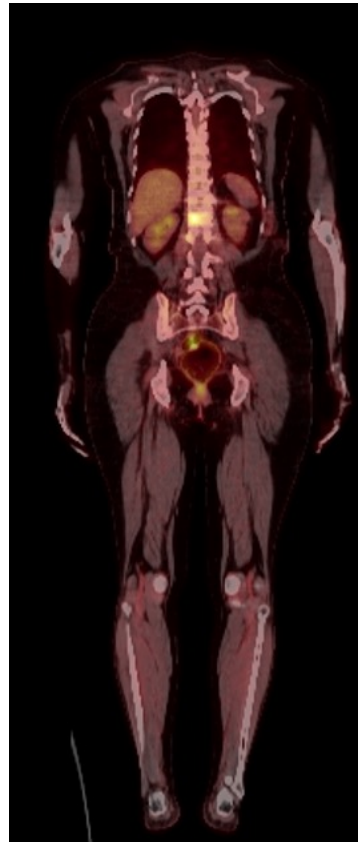
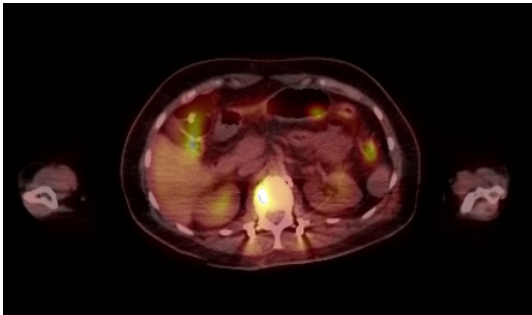
October 2021: abnormal vaginal bleeding

- FIGO 3 Carcinosarcoma, >80% myometrial invasión;. 10 x 8 x 5 cm tumor. heterologous component (rhabdomyosarcoma), No cervical stroma, parametrial disease nor ovarian or serosa involvement.
- Total hysterectomy plus BSO
- IHC: positive for CKAE1/AE-, p53, CD10, Desmin, Miogenin. Negative for ER, PR. Ki67 80%. 22 mitosis in HPF.
- pT1b N0 M0 (FIGO Stage IB)

# Continuation CASE

On December 15 th 2022:

Thoraco lumbar pain



# *Continuation CASE*

December 2022: T12 – L2 arthrodesis and bone biopsy:

- Poorly differentiated metastatic malignant tumor
- Strongly positive for vimentin, desmin and CD10
- Negative for CD45, CAM3, CK7, CK20, GATA 3, ER, PR.
- Ki67 = 40%
- Compatible with high grade sarcoma with rhabdomyoblastic differentiation.

# *Continuation CASE*

Questions:

1. Do you proceed with spine thoraco lumbar surgery, or radiotherapy?
2. After local treatment, would you add some “pseudoadjuvant treatment”?
3. Which regimen?
4. Utility of NGS?