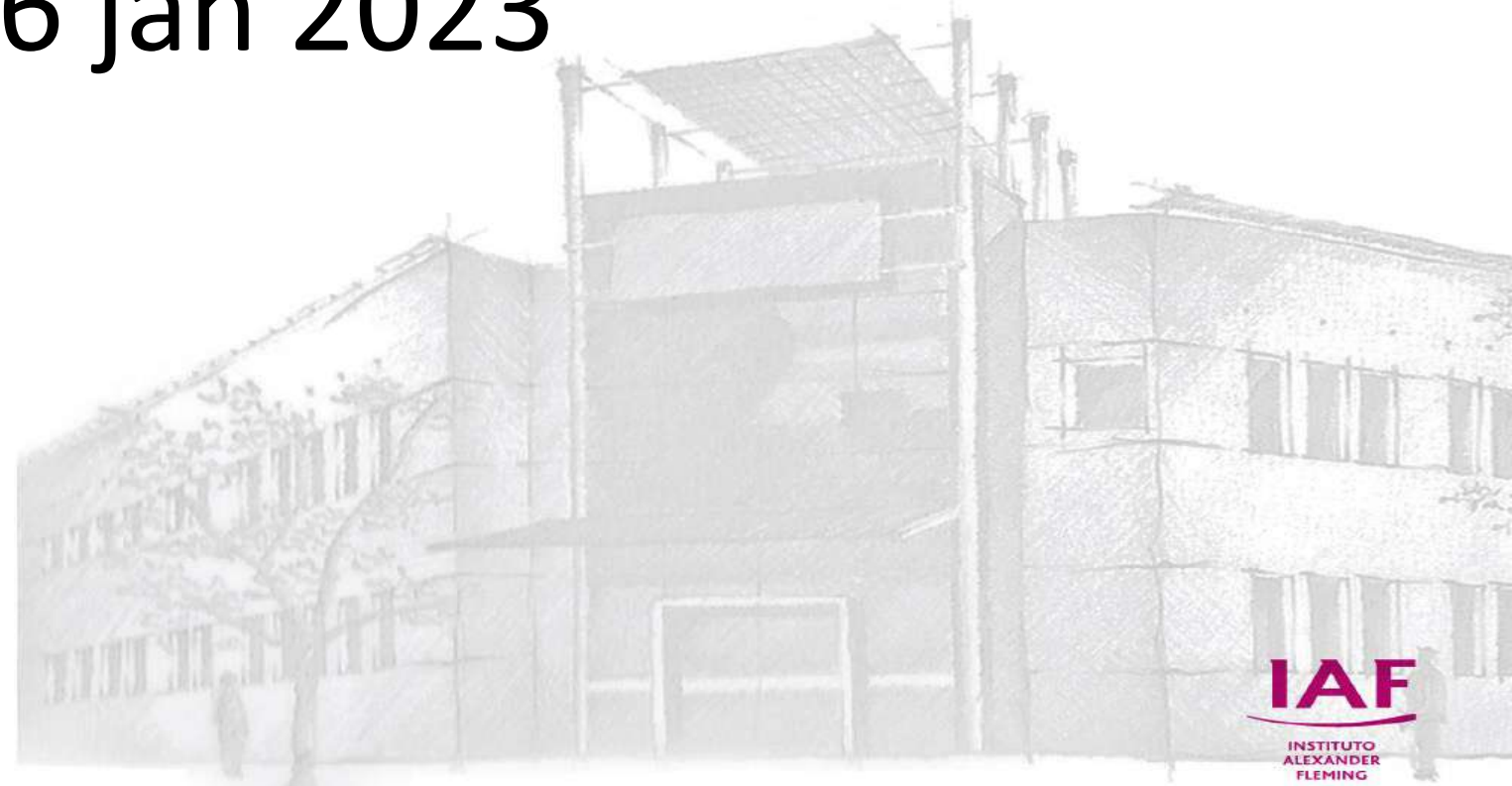




SELNET MDT

26 jan 2023





Case	Diagnosis	Site	Country
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2	Reteiniform hemangioendothelioma	Dr Boris Itkin	Omán
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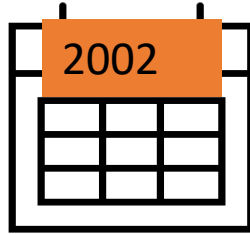


Gema Aguil

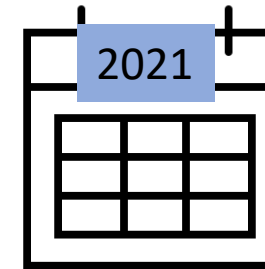
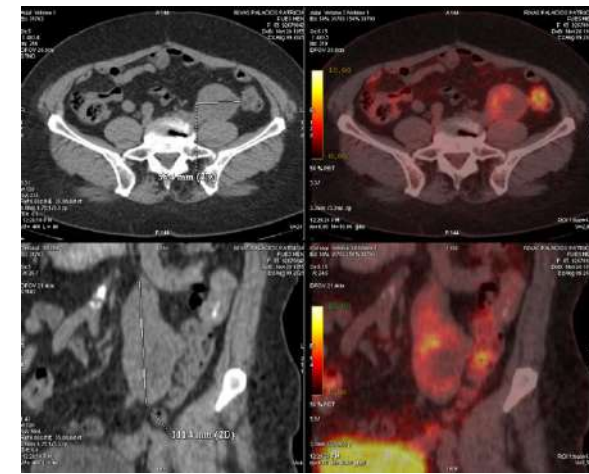
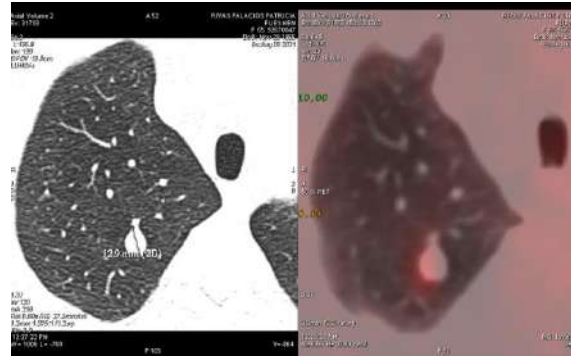
Clinical case
MDT



Case: female 67 y.o



- Breast cancer stage II A triple negative
- Treatment: mastectomy followed by antraciclins and taxanes.
- No radiotherapy
- In 2002_ after metrorrhagia, total hysterectomy was performed.
 - No biopsy report available but she refers diagnostic was myoma



- Presents multiple nodes in both lungs
- PET TC: multiple bilateral nodes and retrocrural lesion, 8.5 cm x 9 cm
- She underwent surgery due to retroperitoneum lesion





ANATOMIA PATOLOGICA

Dra. Alejandra Lega & Dra. Paula Valdemoros

ESTUDIO HISTOPATOLÓGICO

Solicitado por :
Paciente :
Documento N°:
Edad :
Material : INMUNOHISTOQUIMICA DE LESION RETROPERITONEAL (TACOS N° 2309)
Exámen N° : B-00204742

MACROSCOPIA

Se reciben dos tacos en parafina rotulados con N°2309, correspondientes a lesión retroperitoneal, para realizar técnicas de Inmunohistoquímica.

MICROSCOPIA

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:

Vimentina: positiva.

Citoqueratinas AE1-AE3: negativas.

Actina: positiva.

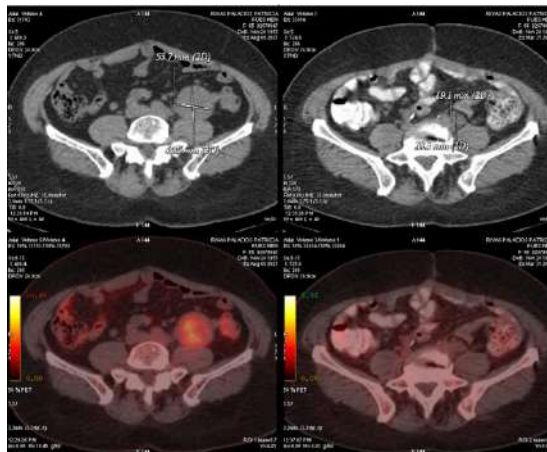
Desmina: positiva.

CD117: negativo.

DOG1: negativo.

DIAGNOSTICO

EL INMUNOFENOTIPO OBSERVADO FAVORECE A LEIOMIOSARCOMA (G3 FNCLCC).-



21/11

Docetaxel plus gemcitabine

After 3 cycles:
lung progression

22/4

Starts with pazopanib x 3 cycles

Lung: PD
Liver: new lesions compatible with metastases
Colon lesion in hepatic angle

22/10

Fibrocolonoscopy: passable lesion in hepatic angle
Biopsy of colon lesion and plan of hepatic lesions
Genetic counseling

22/1174

MATERIALES: 1-NÓDULO PULMONAR 2-LINGÜLA (PULMÓN IZQUIERDO).

MACROSCOPIA

1) Se recibe un fragmento ovoide de tejido, blanquecino y fibro-elástico, que mide 1x0.8x0.7 cm.

2) Se recibe un fragmento irregular de tejido que mide 8x6x0 cm, revestido por pliegos opaca y rosada, con lesión nodular blanquecina de 0.4 cm de diámetro. Se reconoce salura mecánica longitudinal. Al corte el parénquima es esponjoso, patetizado, con dos (2) lesiones nodulares blanquecinas y fibro-elásticas, la mayor de 0.4 cm de diámetro.

MICROSCOPIA

1 y 2) Los cortes histológicos efectuados al fragmento ovoide y a las lesiones nodulares descriptas evidencian similares características. Se reconoce proliferación neoplásica de células atípicas, con núcleos ahuecados, cromatina regular, moderado pleomorfismo, algunos nucleólos evidentes y citoplasmas escamiformes de bordes poco definidos. Se reconocen además, células tumorales multinucleadas biarias, algunas de ellas con presencia de pequeñas inclusiones eosinofílicas dentro de sus núcleos. Las células tumorales descriptas se disponen conformado fascículos. Se reconoce adyacente, parénquima pulmonar con signos de enfisema.

DIAGNÓSTICOS:

1 Y 2) INFILTRACIÓN PULMONAR POR PROLIFERACIÓN MESEQUIMAL FUSOCELULAR

- Hepatic lesion

Material Remitido: bp. Hepática

Material y Métodos: Fijación en formol. Se procesa con técnicas convencionales para microscopía. El material se incluye en

Descripción Macroscópica: Histoplast. Se realizan cortes de 7-15 micras. Coloración con Hematoxilina Eosina.

Cuña hepática parcialmente revestida por cápsula despulida blanquecina que mide 3 x 2 x 1,8 cm. Al corte el tejido es elástico, pardo amarronado, con varias lesiones nodulares firmes y blanquecinas, la mayor de 0,4 cm.

Descripción Microscópica:

Los cortes muestran hígado con una proliferación neoplásica mesenquimal, constituida por haces y remolinos de células fusadas con núcleos pleomórficos, hiper cromáticos con macronúcleo. muestran marcada anisocitosis y anisocariosis. Están dispuestas en haces y remolinos. El fondo es fibrilar. No se reconocen necrosis. Existen moderado número de mitosis. Están rodeado por tejido hepático con tendencia a la formación de nódulo con degeneración de tipo cirrótico rodeados por tejido fibroso con difuso infiltrado linfocitario. Se reconoce esteatosis vesicular del 10%.

Impresión

Diagnóstica:

Metástasis de Sarcoma Anáplasio de Alto Grado. Margen Positivo.
Se precisa inmunomarcación para mayor precisión diagnóstica.

Colon lesion:

Adenocarcinoma Grade 1
without muscular invasion

Kras mut

MMRp

Female 67 y.o

Genetic results pending

Previously received anthracyclines and taxanes (Breast cancer)

2020: leiomyosarcoma stage IV: lung metastasis

- Docetaxel and gemcitabine progression
- Pazopanib progression

2022: colon cancer

- Stage?
 - In plan of surgery

Next step: trabectedin?



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- S.B.A.Z, Female 65-year-old, from Lahore, Pakistan
- Working diagnosis: [Advanced Retiform Hemangioendothelioma](#)
- Lower back pain for a long time, chest and abdominal pain, and weight loss in the last few months
- Chest CT 08.07.2022

Lobulated heterogeneously enhancing mass in superior segment of lower lobe + another one in lingular lobe. Multiple small pulmonary nodes.

Multiple large masses in porta-hepatis and para-aortic areas

Thyroid – heterogeneous tissue for US correlation

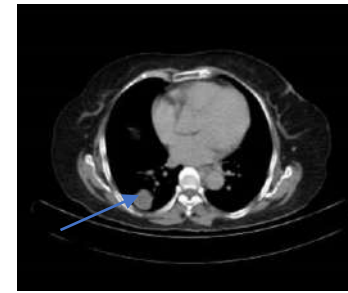
- PET-CT 29.09.2022 SQCM Lahore

- Right lower lobe mass 24 x 26 x 35 mm SUV max = 8.4 extending to the right hilum.

- Portocaval adenopathy partially necrotic 45 x 36 mm SUV max = 9.6 and

- Retroperitoneal one 81 x 57 mm SUV 11.6 extending from the level of the celiac axis to the aortic bifurcation, IVC, and renal vessels.

- MRI 08-Jun-2022 lumbar spine
Nodal masses 4.6 x 4.9 x 5.6 cm (AP x TR x CC) in the right paraaortic and aortocaval region.



- Para-aortic LNs biopsy 22.08.2022, Aga Khan University Hospital, Karachi
- Neoplastic lesion composed by elongated and compressed vascular channels lined by monomorphic hyperchromatic endothelial cells with nuclei showing hobnailing. Scant cytoplasm. Occasional mitoses

CD 31 = positive

ERG = positive

Synaptophysin = negative

CK = negative

PAX-8 = negative

HPE: Retiform hemangioendothelioma. Presence of other patterns or components in the vicinity cannot be excluded. Clinical and radiological correlation is strongly advised.

- Tru-cut biopsy of upper abdominal (celiac axis) nodal mass 12.10.2022, Infinity Healthcare, Lahore

CK: Negative

CD34: Positive

FLI 1: Positive

ERG: Positive

HPE: Atypical vascular neoplasm: The morphological features favor retiform hemangioendothelioma. Presence of other high grade vascular components in the vicinity of the above biopsy can not be excluded.

- Summary: 65-y-o lady with disseminated RHE. HP diagnosis made by two independent pathologists. However, the clinical behavior is more aggressive than expected for RHE
- Questions to the Board
 - Should we suspect a high grade angiosarcoma?
 - Role of RT?
 - Role of chemotherapy?



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Presentación de Caso Clínico.

Enero 2023.

Objetivo.

- Presentar la evolución de una paciente con diagnóstico de Sarcoma Sinovial en cadera y diagnóstico tardío.
- Discutir posibilidades terapéuticas post control local

Filiación.

- E. G. R
- Edad: 13 años
- Sexo: Femenino
- Procedencia: Alto Paraná.
- Fecha de traslado: 09/08/22

- MC: Tumoración en cadera derecha.

Antecedentes de la Enfermedad Actual.

- Tumoración en cadera derecha de 1 año de evolución, con crecimiento progresivo, de mayor tamaño en el último mes.
- Dolor a la deambulación de 1 año de evolución que empeora en los últimos días.
- Acude al Hospital de su comunidad donde le realizan biopsia de la lesión en fecha 17/05/22. Posteriormente presenta lesión ulcerativa y sangrante en la zona de la biopsia.
- No presenta fiebre ni secreción en lesión de partes blandas.

Examen Físico.

- FC 99 x min FR 23 x min PA 110/65.
- Se evidencia tumoración que protruye de la cadera derecha, en zona de la cresta ilíaca anterior, de aproximadamente de 10 cm en la base y 6 cm de alto y ancho.
- Piel ulcerada de 3x3cm con fibrina, sangrante en algunos sitios. No se evidencia secreción purulenta.
- Articulación coxofemoral derecha con movilidad limitada por tumoración.
- Marcha con dolor.

Examen Físico.



Métodos Auxiliares.

- **Anatomía Patológica:**

Proliferación neoplásica maligna de alto grado histológico, células fusiformes pequeñas y largas con patrón de crecimiento en espiga y fascículos, de alta celularidad, atipia nuclear y pleomorfismo, en sectores se observa áreas mixoides.

Se observan focos de hemorragia, necrosis y elevado índice mitótico(16 mitosis x 10 CGA)

Diagnósticos a considerar: sarcoma, carcinoma indiferenciado, menos probable tumor de origen germinal.

Se solicita Inmunohistoquímica

Inmunohistoquímica.

Citoqueratina ael/ae3: Positivo focal en células neoplásicas.

Citoqueratina 7: Positivo focal en células neoplásicas.

Citoqueratina oscar: Positivo focal en células neoplásicas.

CD34: Negativo en células neoplásicas.

H3K27me: Positivo en células neoplásicas.

SS18-SSX: Positivo débil en células neoplásicas.

TLE-1: positivo en células neoplásicas.

Conclusión: *Sarcoma Sinovial Bifásico.*

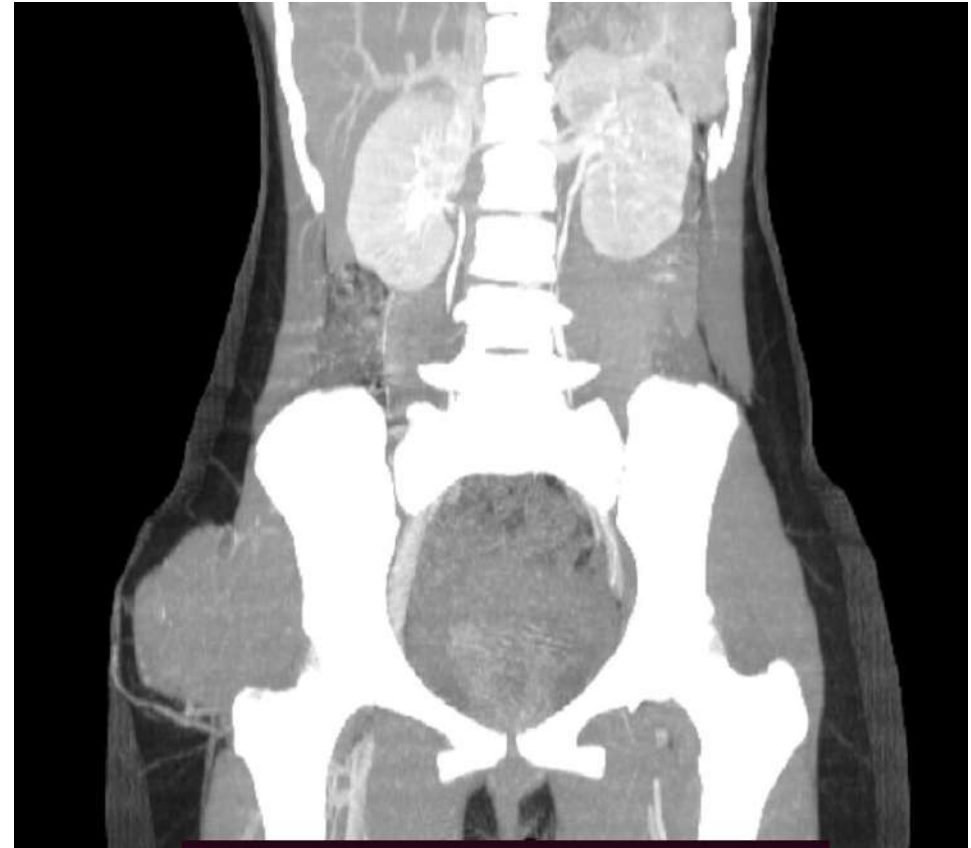
TAC cráneo, tórax, abdomen y pelvis(05-07-22)



TAC cráneo, tórax, abdomen y pelvis(05-07-22)



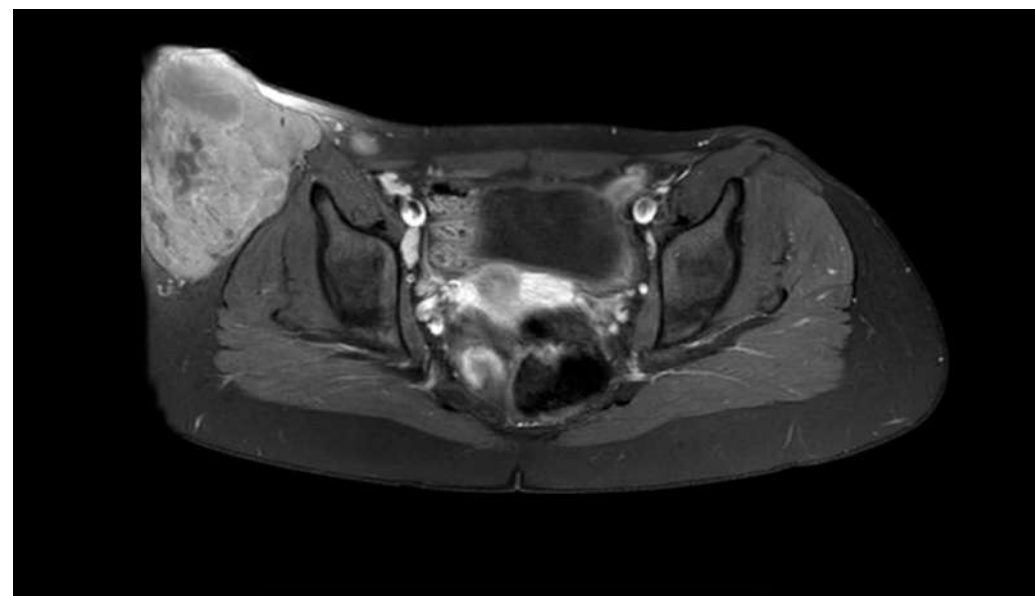
TAC cráneo, tórax, abdomen y pelvis(05-07-22)



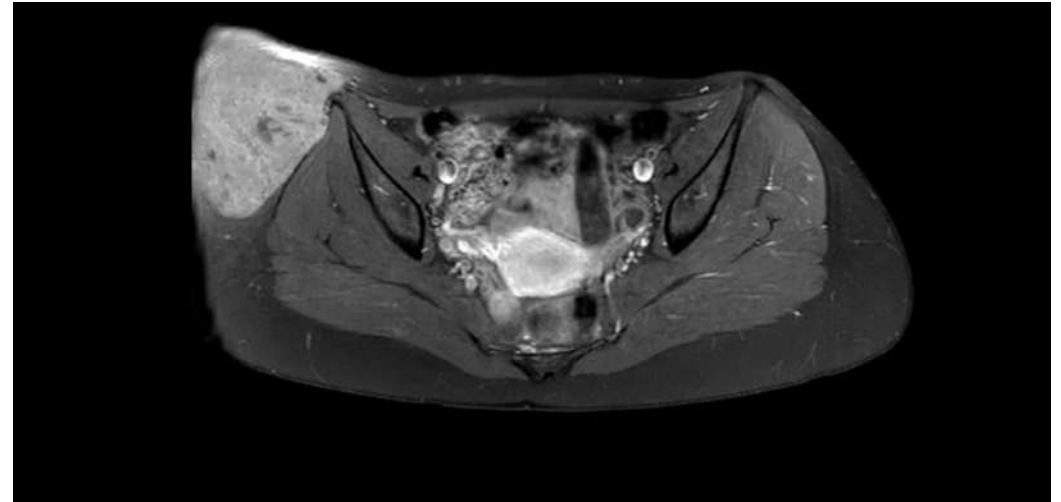
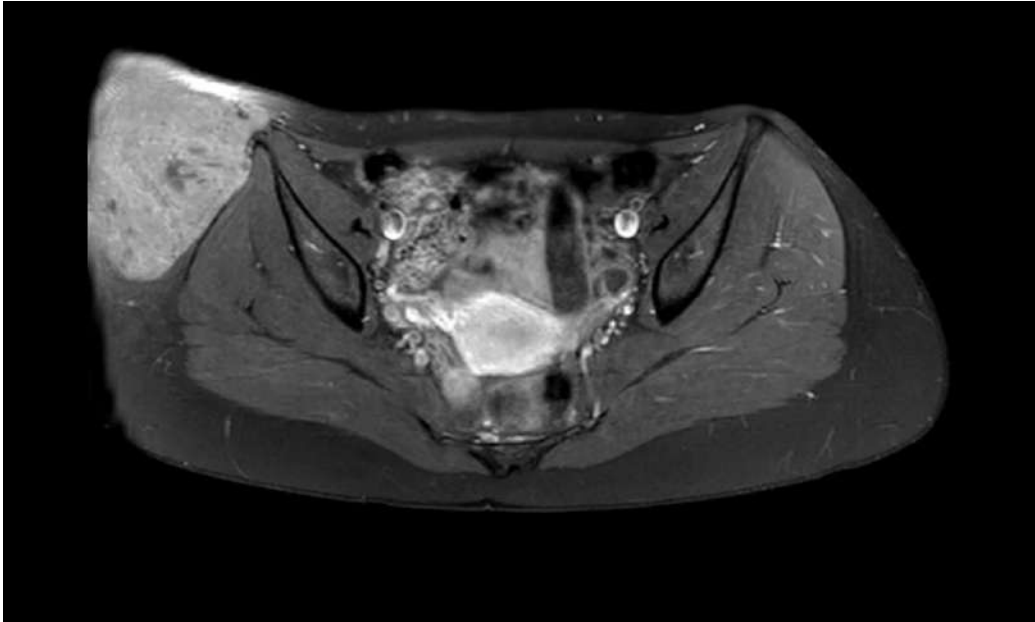
TAC cráneo, tórax, abdomen y pelvis(05-07-22)

- En relación con la cara externa del musculo glúteo mediano y el tensor de la fascia lata derecha se visualiza una masa exofitica que realza con el medio de contraste, mide 9,1x7,4x8,5 cm con volumen estimado de 300 ml.

Resonancia magnética de pelvis ósea(16-08-22)



Resonancia magnética de pelvis ósea(16-08-22)



Resonancia magnética de pelvis ósea(16-08-22)

- Lesión neo proliferativa heterogénea, solida con áreas liquidas internas, presenta contornos lobulados bien delimitados, se encuentra sobre el plano musculo aponeurótico del segmento proximal del musculo sartorio y tensor de la fascia lata del lado derecho, así como los músculos glúteos medio y menor, ocupa todo el espesor del celular subcutáneo en la región antero lateral del musculo. Mide 10,3x8,5x9,1x cm y de volumen estimado en 414 ml.

Diagnostico

- Sarcoma Sinovial en cadera derecha, no metastasico.

Tratamiento Recibido

Protocolo EpSSG NRSTS 2005

IRS Grupo III

Quimioterapia:

- Ifosfamida 3gr/m²/dia por 3 días
- Doxorrubicina 37,5 mg/m²/dia

1° Ciclo: 01-09-22

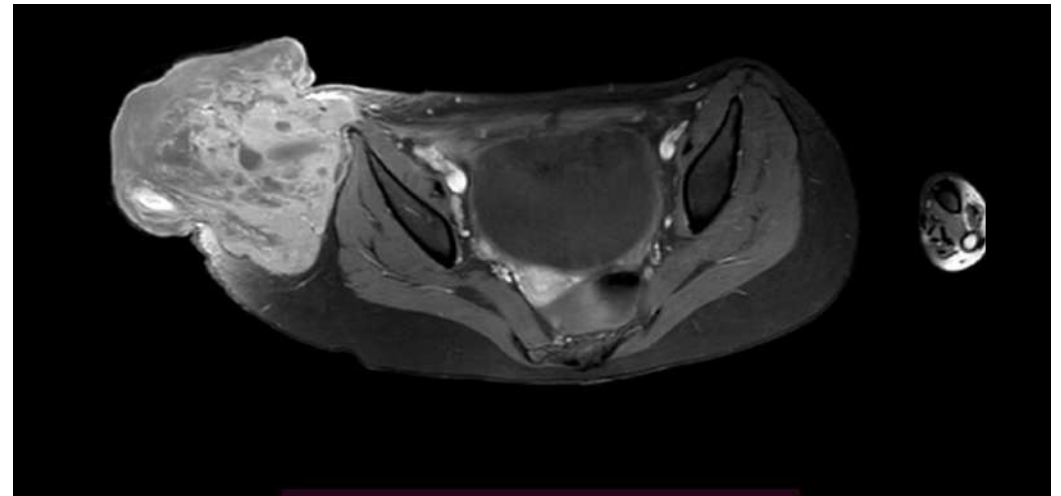
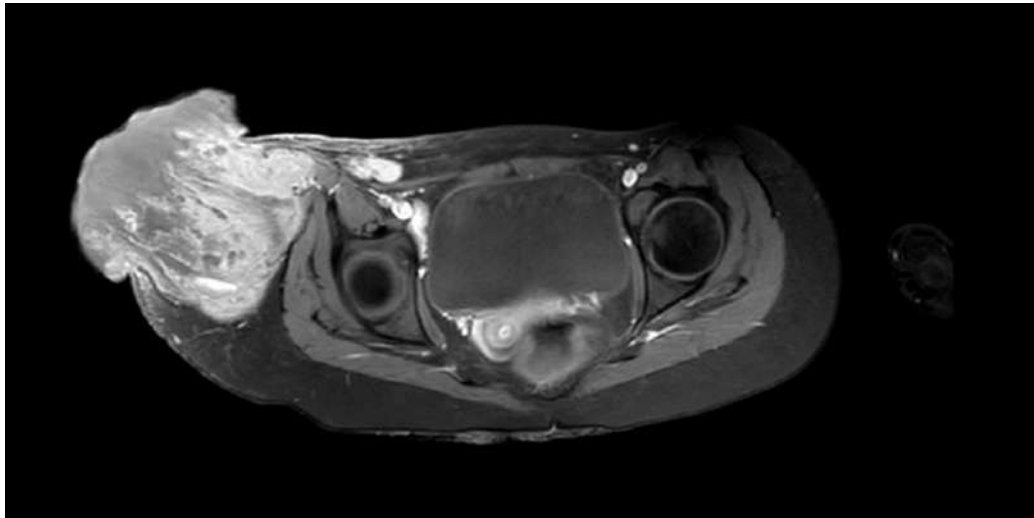
2° Ciclo: 05-10-22

3° Ciclo: 14-11-22

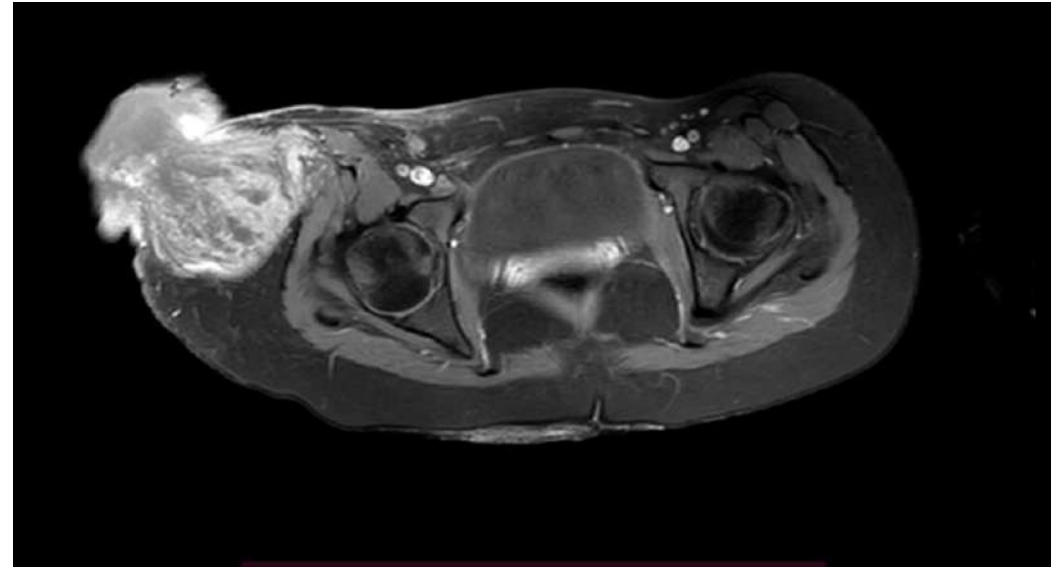
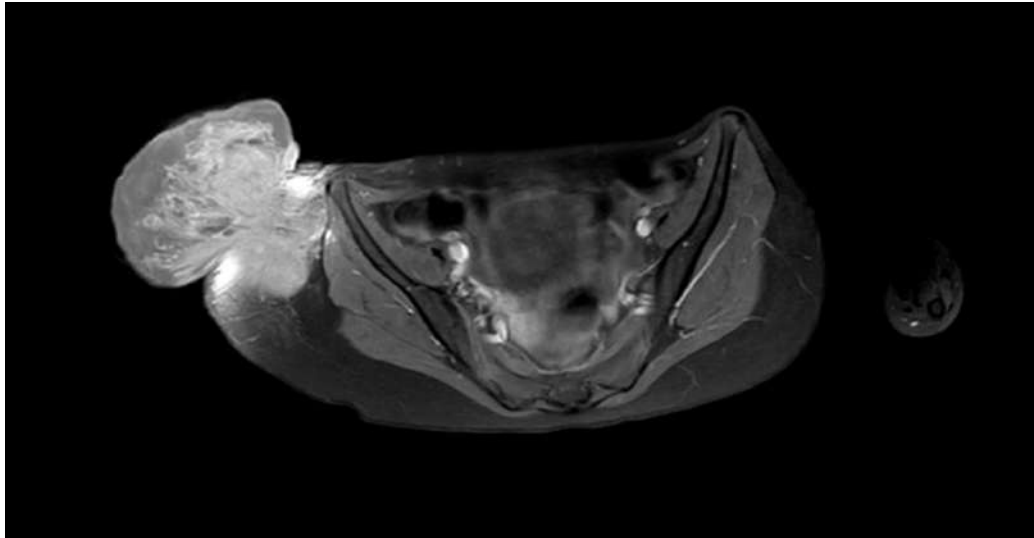
Cirugía: 20-12-22

4°Ciclo: 20-01-23

Resonancia magnética de pelvis ósea(28-11-22)



Resonancia magnética de pelvis ósea(28-11-22)



Resonancia magnética de pelvis ósea(28-11-22)

- Lesión neo proliferativa heterogénea, mayormente solida con áreas liquidas internas y marcado realce pos contraste, ubicada en plano musculo aponeurótico del segmento proximal del musculo sartorio y tensor del celular subcutáneo en la región antero lateral del muslo. Aumento de las dimensiones con estudio previo, mide 11x8,5x11,2cm y de volumen estimado en 547 ml.

Tratamiento Recibido.

- **Cirugía(20-12-22)** Tumor adherido a nivel de EIAS. Resección ósea, los márgenes de 1,5 cm, resección de 2 cm de hueso.
- **Anatomía Patológica**
- Aspecto histológico de un Sarcoma Sinovial Bifásico de cadera derecha, mide 16,5 cm aprox.
- El tumor muestra extensas áreas de necrosis y hemorragia, se encuentra ulcerado, infiltra piel, ulcerándola y exteriorizándose en forma de masa polipoide.
- Se notan 8 mitosis en 10 campos de mayor aumento.
- La neoplasia infiltra fascia, tejido fibroadiposo y se observan focos sospechosos de invasión vascular venosa.
- Márgenes quirúrgicos anterior, posterior, laterales y tejido adiposo subcutáneo sin evidencia de tumor.
- El tumor dista de 5 mm del tejido óseo, sin infiltrado y dista 0,1 mm del margen quirúrgico profundo.

Cirugía(20-12-22)



Plan Actual

- Continuar Esquema de quimioterapia,
- Realizar Radioterapia.

Pregunta.

- Que opciones terapéuticas plantean desde el inicio del cuadro.



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Case Report

Osteosarcoma

Of the Maxilla

Hospital San Juan de Dios

Costa Rica

Melissa Juarez

juarezmeli@gmail.com

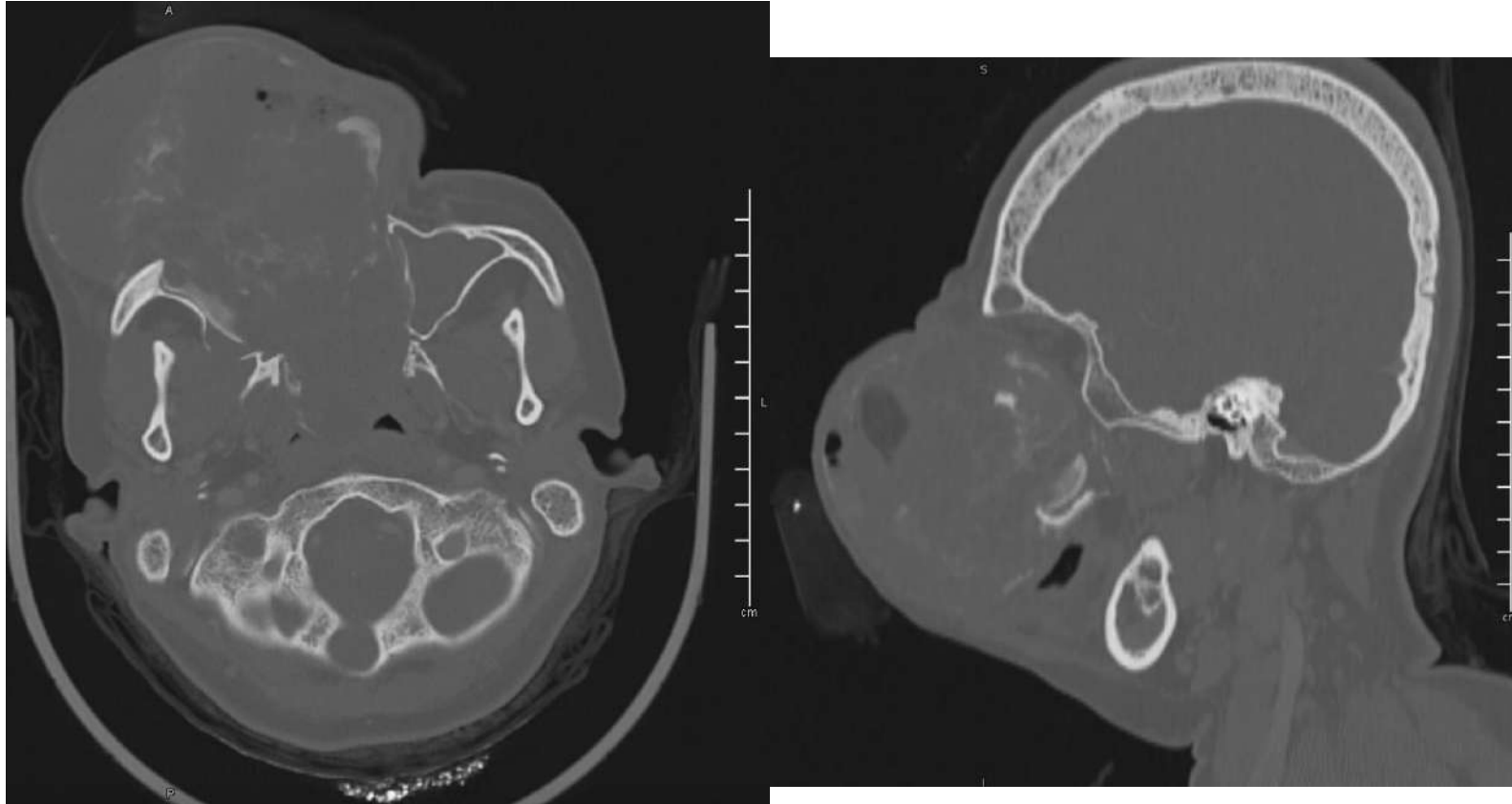
Case Report

- 32 year-old woman
- Indigenous
- She lives on the border with Panama
- No past medical history
- She visited the hospital of her community during 1 year where she was treated with pain killers



Case Report

- Proptosis
- Painfull swelling
- Ocular hypertension
- Incisional biopsy revealed an osteogenic tumor of the maxilla
- *Differential diagnosis:*
 - *High grado osteosarcoma*
 - *Osteoblastoma*

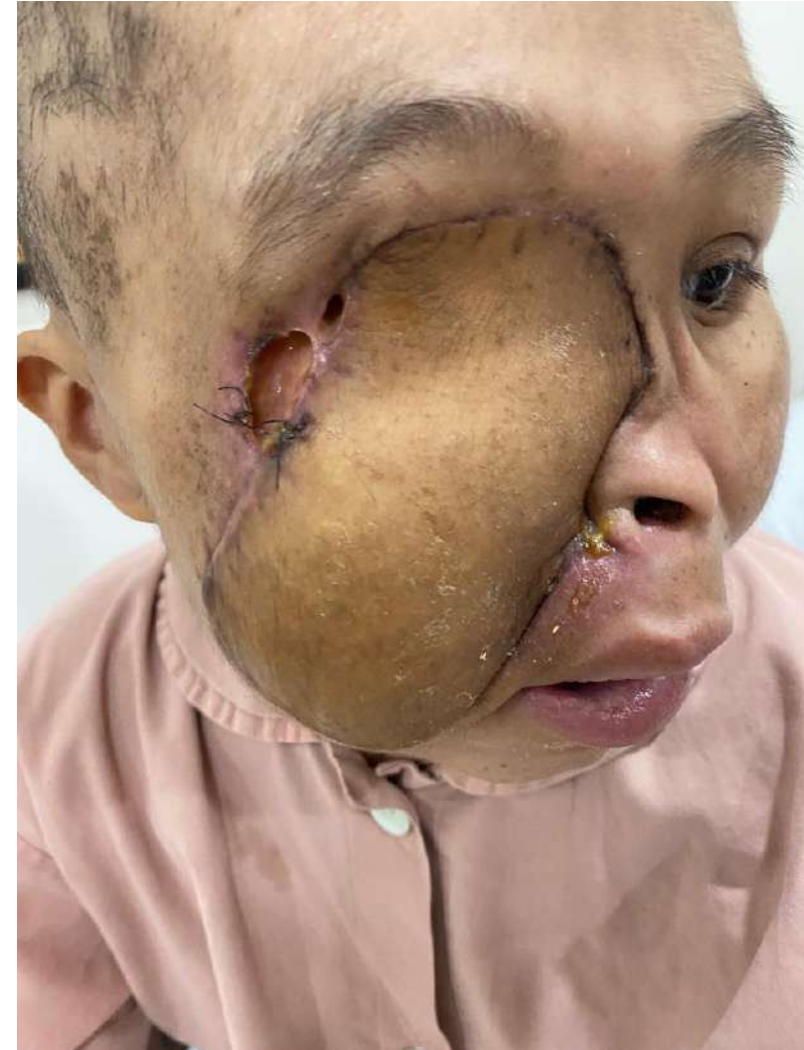


Case Report

- Considering the size of the lesion and its extension we decided to give the patient neoadjuvant chemotherapy with high dose methotrexate
- She started chemotherapy with Epirubicin + Cisplatin on Aug/ 25/ 2022 until Sept/29/2022- 2 cycles of Epirubicin + Cisplatin and only week 4 and 5 of methotrexate
- I stopped treatment because there was no clinical response and some concerns about the diagnosis

Case Report

- She went to surgery Nov/8/2022- the tumor was excised with complex reconstruction
- Histopathologic examination showed high grade osteosarcoma ypT2 with 40% of necrosis and involvement of the posterior surgical margin
- We restarted chemotherapy Nov/30/2022 Epirubicin + Cisplatin
- Methotrexate Dec/20/2022



Case Report

- Discontinuation of methotrexate
Dec/27/2022
- Transient liver toxicity grade 3
- Neutropenia grade 3
- Postoperative wound infection

<input type="checkbox"/>	BILIRRUBINA DIRECTA	0.1	0.1 - 0.5	Normal	mg/dl
<input type="checkbox"/>	BILIRRUBINA INDIRECTA	0.2	0.5 - 1.0	Valor Bajo	mg/dl
<input type="checkbox"/>	ASPARTATO AMINO TRANSFERASA	425	13.0 - 39.0	Valor Alto	IU/l
<input type="checkbox"/>	ALANINO AMINO TRANSFERASA	319	7.0 - 52.0	Valor Alto	IU/l
<input type="checkbox"/>	FOSFATASA ALCALINA MED	181	25.0 - 125.0	Valor Alto	U/L

Clinical Case

- Salvage surgery was an option for this patient?
- Would you recommend continuing chemotherapy?
- Should I stop the use of methotrexate?
- When is radiotherapy indicated?



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MTB Selnet January 2023

Maycos Leandro Zapata M

Medical Oncology

IDC Auna – Las Américas

Internal Medicine Department Universidad de Antioquia



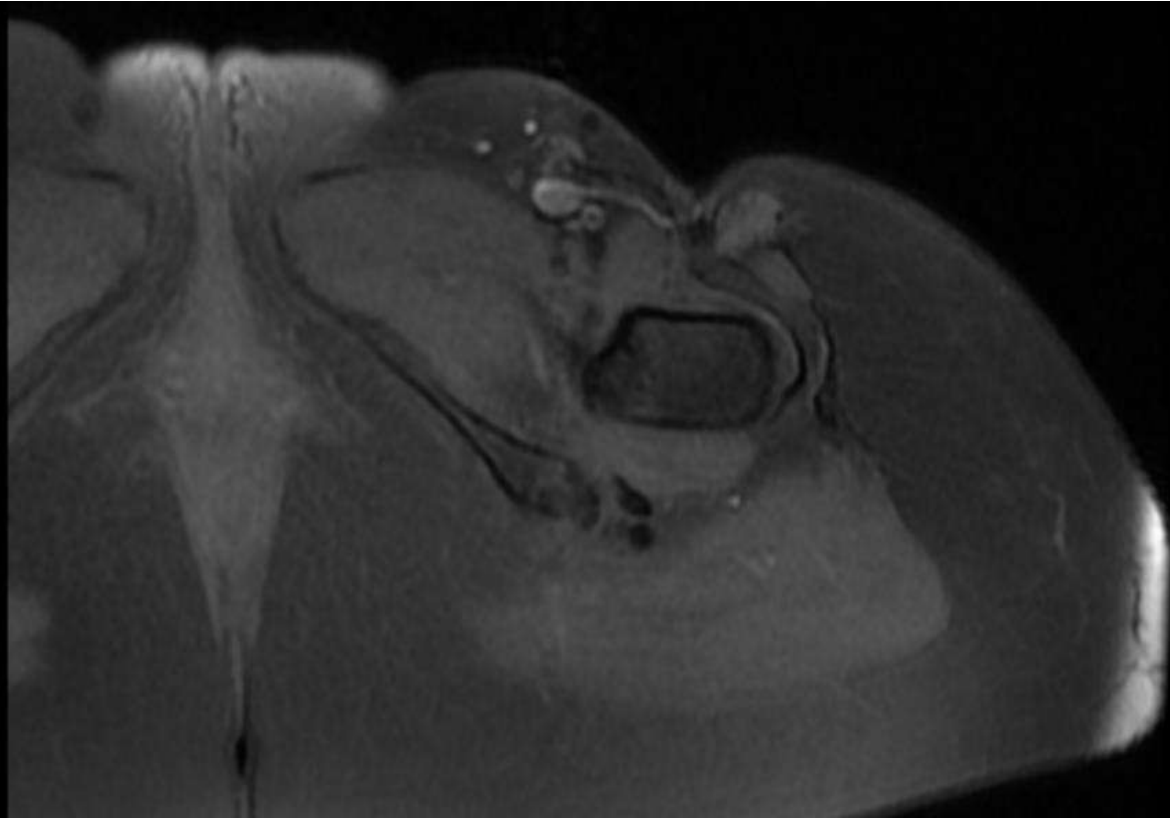
41yo Female

- At 31yo (2012)
 - Breast cancer pT1cpN0M0
 - MRM → AC-T → RT → TAM until 2019
- At 36yo (2017)
 - UPS in proximal left thigh stage IIIB pT3NxMx sarculator 5aOS 86% 10aOS 79%
5aDM 28a DM 32%
 - Complete resection → Adjuvant RT 60Gy
- At 37yo (2018)
 - NSCLC IB pT2apN0 EGFRmut del19
 - Lobectomy → CDDP+PEM → erlotinib
- LiFraumeni diagnosis: gTP53mut c,584T>C (p.II3195Thr)(2018)

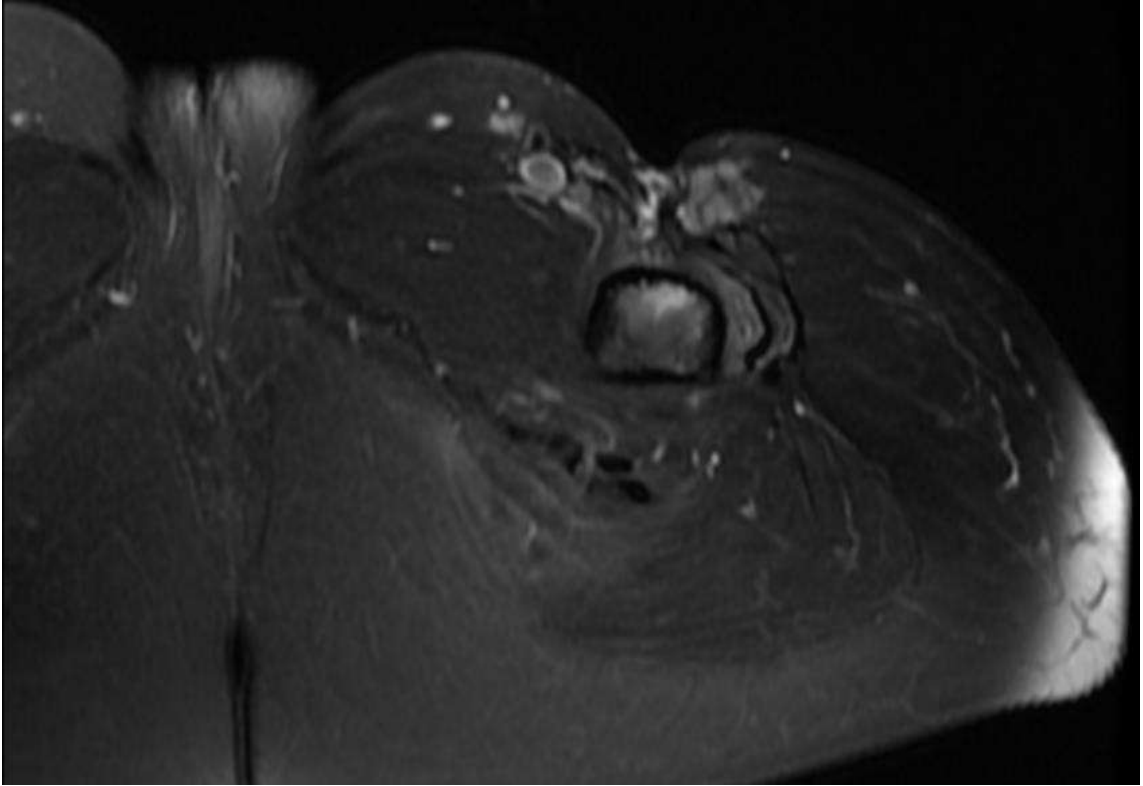
41yo Female

- Local recurrence left thigh, in the scar area (2019)
 - Local resection 2019
 - Epithelioid spindle cell sarcoma
 - A Foundation one heme study: PDGFR ampl, RET equivocal ampl, TP53I195T. No VAF report
- SNC NSCLC recurrence del19 T790m 2021
 - R0 resection → SBRT → Osimertinib
 - Complete response

41yo Female



2022



41yo Female

- Biopsy 2022: spindle and pleomorphic sarcoma with sclerotic areas without necrosis positive for CD34, SMA, desmin and INI1. Dx: Myofibroblastic tumor
- Surgeon concept: High risk of R1 surgery and risk of vascular damage with risk of amputation for this proximal recurrence (near groin)
- Medical Oncology in Bogota start imatinib

Brief summary

- 41yo Female
- Li Fraumeni syndrome
- With metastatic NSCLC EGFRmut del19 and T790M with Osimertinib since 2021 with complete response
- UPS in proximal left thigh stage IIIB pT3NxMx sarculator 5aOS 86% 10aOS 79% 5aDM 28a DM 32%
 - Complete resection → Adjuvant RT 60Gy
 - Local recurrence 2019
 - Local resection 2019
 - Epithelioid spindle cell sarcoma
 - Local recurrence 2022 “Myofibroblastic tumor”, but the pathologist concludes that is the same tumor
 - High risk amputation surgery
 - Start imatinib December 2022

Questions

- Our first option
 - Local resection with vascular graft if it is needed
- But if surgeons not agree
 - Any experience with another local treatment RFA
 - If you consider systemic treatment, with non predictive biomarker
 - Do you use PDGF ampl as possible target to tki?
 - Any concern with Osimertinib treatment



Muchas gracias

Maycos Leandro Zapata M
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IDC Auna – Las Américas
Internal Medicine Department UdeA
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7	Pelvic Tumor	Dr Kober Marcela	Argentina
8	Mixoid Liposarcoma	Dr Melanie Castro	Perú

Case

- 34 yrs female patient
- **12.23.21** Conventional osteosarcoma
- Primary tumor: left distal tibia
- Bilateral Lung metastasis.
- **01.21.22** PET-CT
- Left distal femur primary lesion 62 x 50 mm, longitudinal extension of 105 mm (SUV 15.91)
- Left lung: in apical posterior segment 2 metastatic nodules, one of 15 x 13 mm (SUV 3) and other 3 mm.
- Lingula nodule of 13 x 14 mm (SUV 2.1).
- Right lung basal lesion of 19 mm.

- **01.17.22** neoadjuvant MAP chemotherapy (2 AP cycles and 2 Mtx cycles)
- **07.08.22** PET-CT Stable disease in bilateral lung mets and primary tumor
- **07.28.22** Primary surgery (no response to chemotherapy, no necrosis)
- **08.25.22** lung Surgery of left mets (surgical findings possible micrometastasis) (no necrosis in mets)
- Tumor board: High doses of ifosfamide (3 cycles)
- **12.7.22 CT:** apical posterior lesions one 18mm, a 2 more of 4.8 mm and 3.9 mm.
- Right lung medial lesion of 25.3mm and basal lesion of 4.4mm.

Foundation One Results of lung lesions

PATHOLOGIST Not Provided

Biomarker Findings

Microsatellite status - MS-Stable

Tumor Mutational Burden - 1 Muts/Mb

Genomic Findings

For a complete list of the genes assayed, please refer to the Appendix.

CCND2 amplification

CDK4 amplification

KRAS amplification

MDM2 amplification

FGF23 amplification

FGF6 amplification

FLCN W306*

HMGA2 HMGA2-RAD52 fusion

KDMSA amplification

NOTCH1 R2159H

RELN V284M

Report Highlights

- Variants with diagnostic implications that may indicate a specific cancer type: **CDK4** amplification (p. 4), **MDM2** amplification (p. 5)
- Evidence-matched clinical trial options based on this patient's genomic findings: (p. 9)

BIOMARKER FINDINGS

Microsatellite status - MS-Stable

Tumor Mutational Burden - 1 Muts/Mb

THERAPY AND CLINICAL TRIAL IMPLICATIONS

No therapies or clinical trials. See Biomarker Findings section

No therapies or clinical trials. See Biomarker Findings section

- Patient with bilateral lung progression and chemoresistant metastatic disease.
- Which is the experience with cycline inhibitors in osteosarcoma, the tumor board recomend it? Is possible to include the patient in a clinical trial?
- She is waiting for gemzar/docetaxel



Case	Diagnosis	Site	Country
1	Leyomiosarcoma + Breast and colon cancer	Dra Gema Aguil	Argetnina
2	Reteiniform hemangioendothelioma	Dr Boris Itkin	Omán
3	Ewing sarcoma	Dr Figueredo Diego	Paraguay
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5	LiFraumeni sindrome	Dr Zapata Maycos	Colombia
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Female (24 years old)



- Personal History: Hypothyroidism

Female (24 years old)



History of current illness

August 2022

Gynecorrhagia + edema in hands and feet
Longstanding bloating

Physical exam

Slimmed down

Palpable mass, soft-elastic consistency that occupies the lower abdomen up to the umbilical region, approximately 20cm

Female (24 years old)

Laboratory

Date	Uremia	Creatinine
8/21/22	68	4.9
8/25/22	101	5.4
9/9/22	78	1.98
12/19/22	121	4.23

Female (24 years old)



08/22/22:

GYNECOLOGICAL ULTRASOUND:

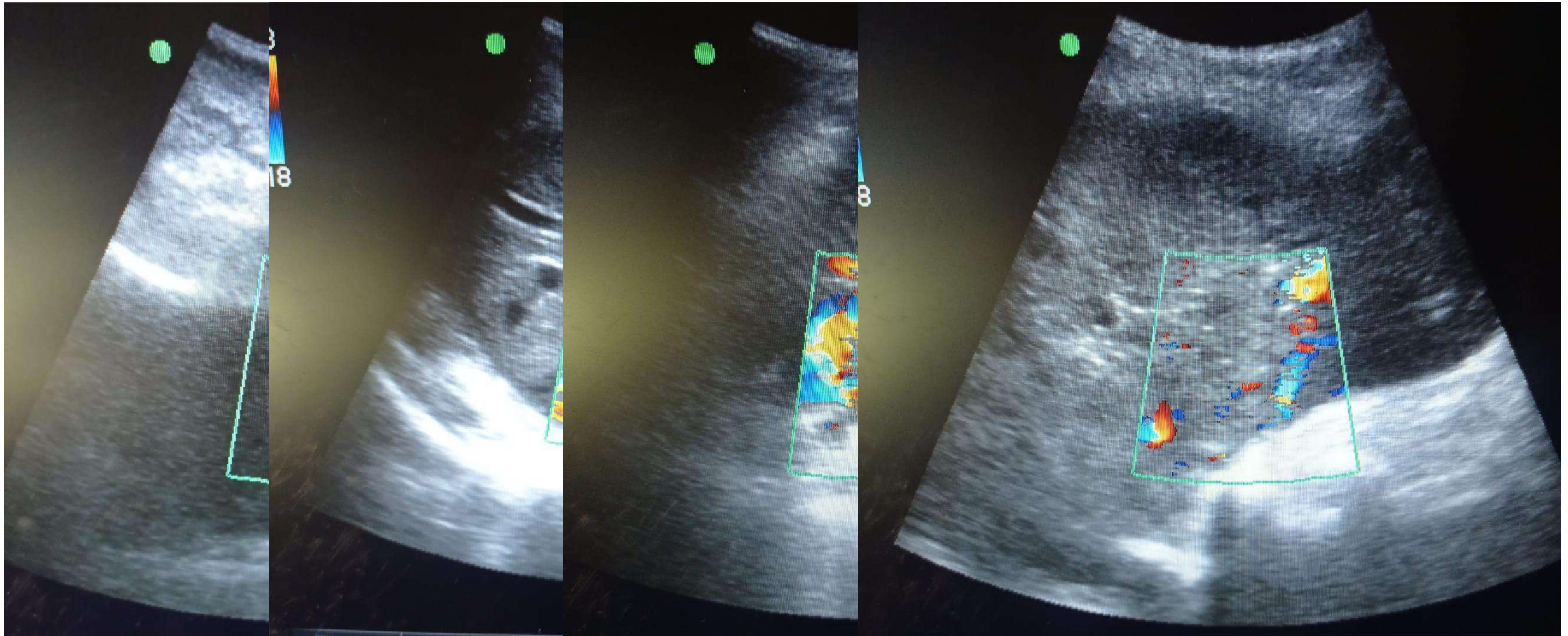
Bulky formation, solid appearance, heterogeneous hypoechoic, internal calcifications, predominantly peripheral color Doppler flow (vasa tortuosa), which exerts a mass effect on adjacent structures

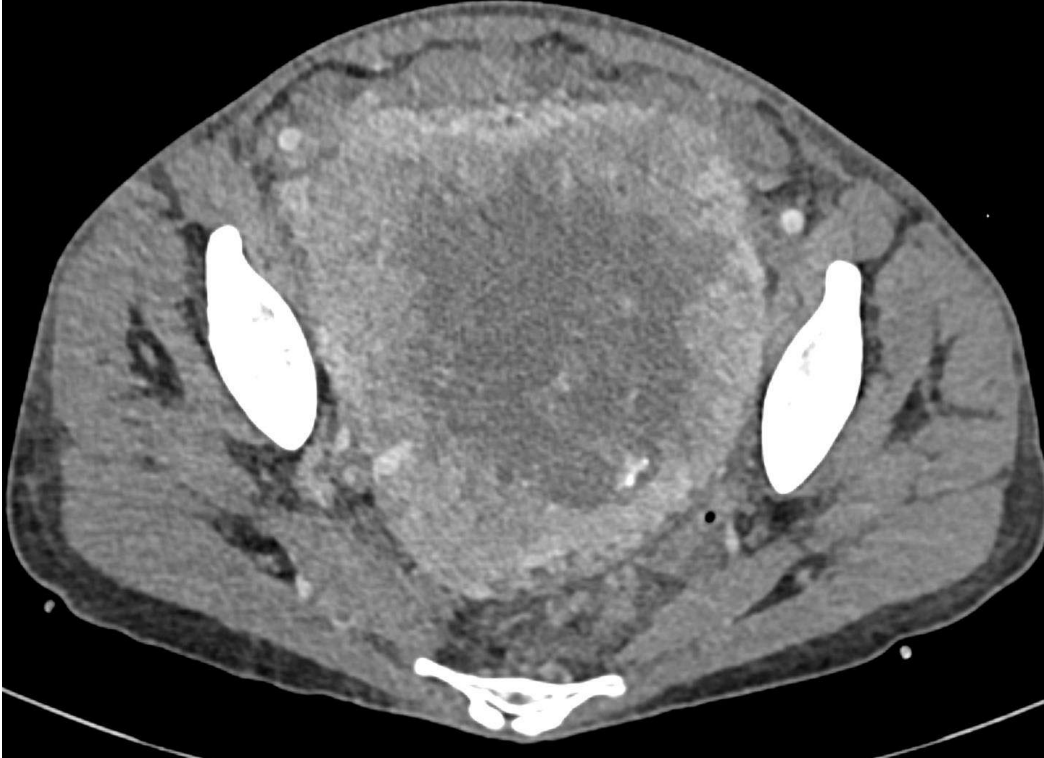
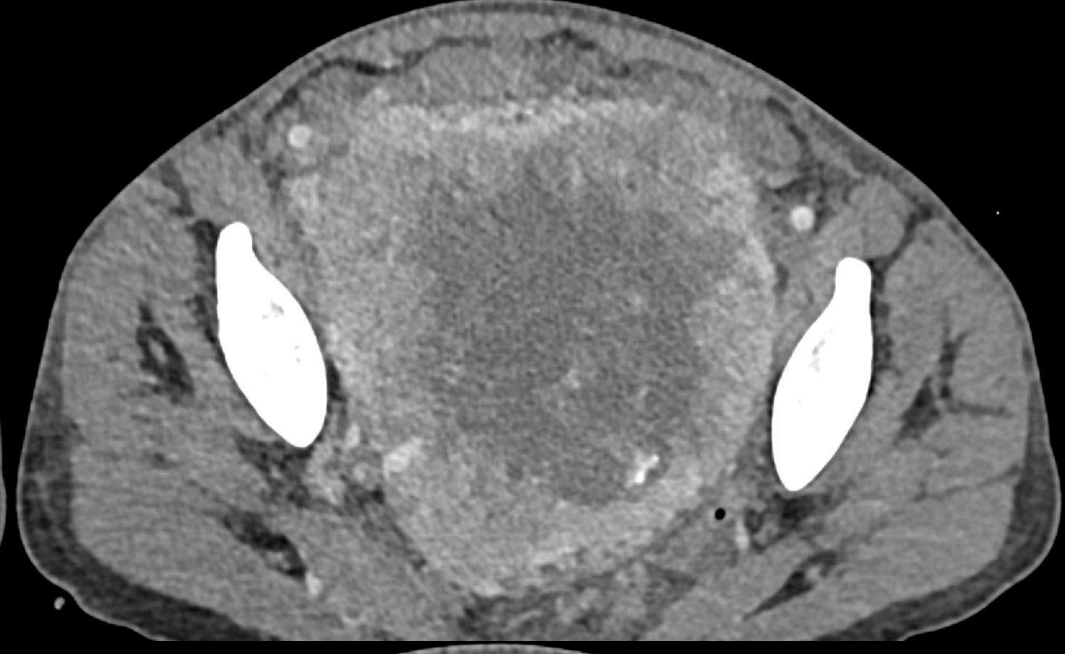
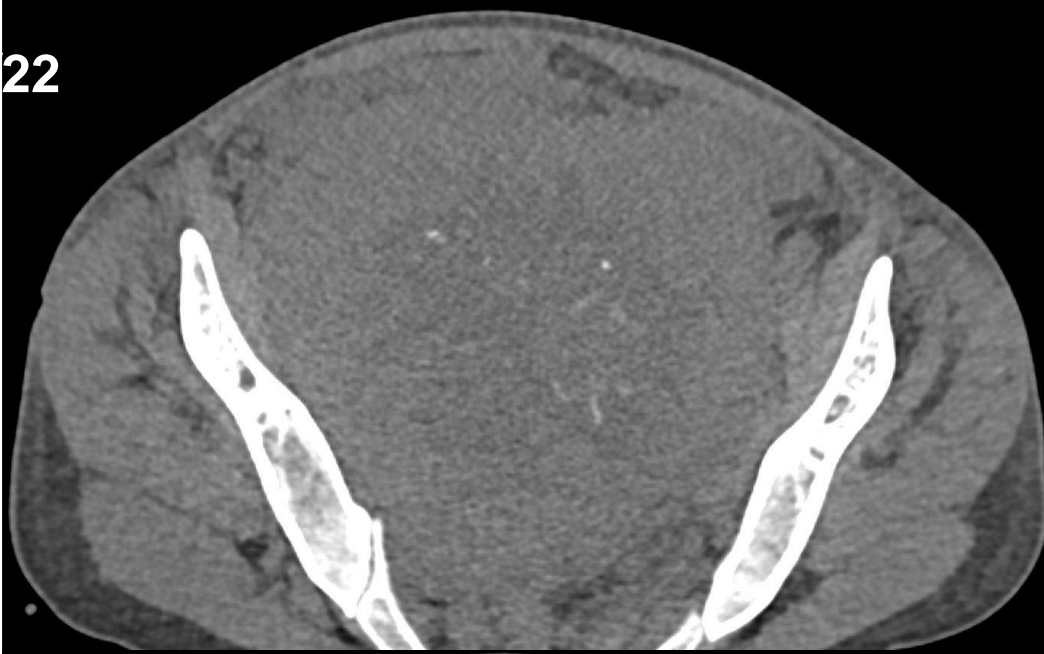
Measures approximately 20 x 15 x 12 cm

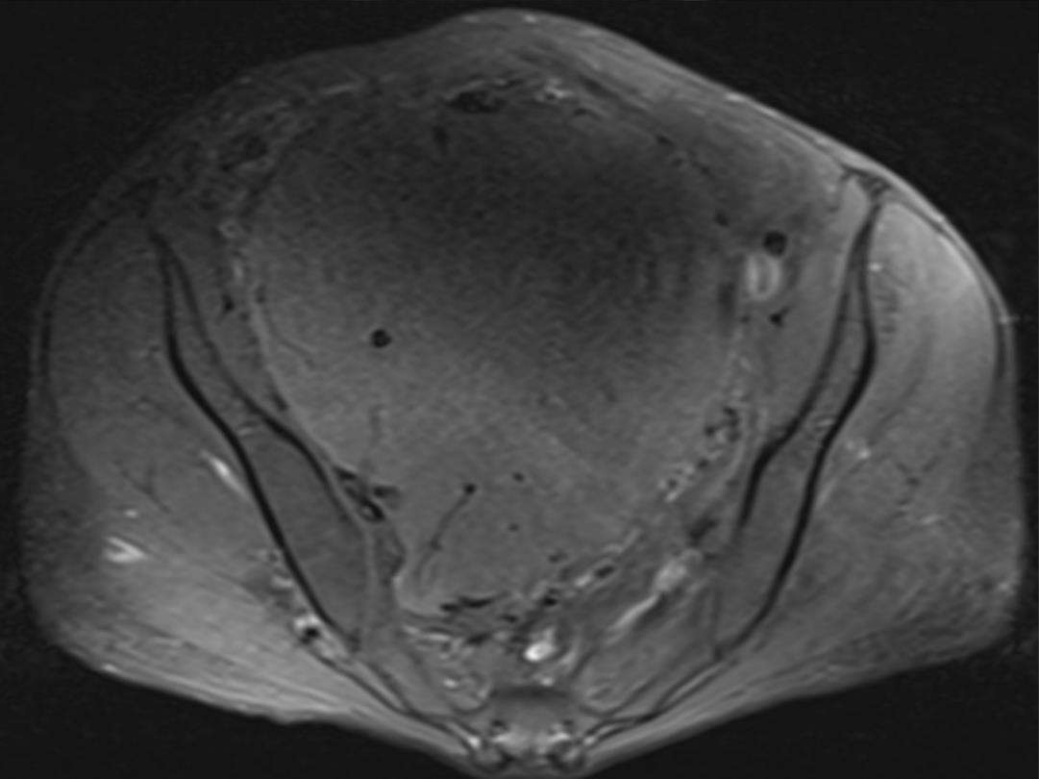
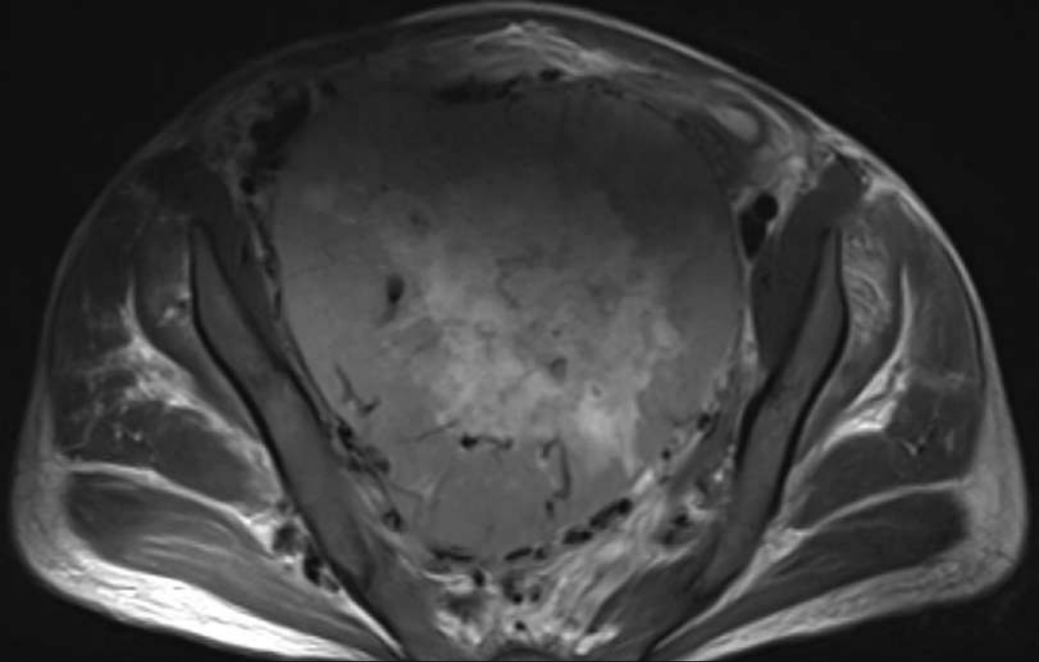
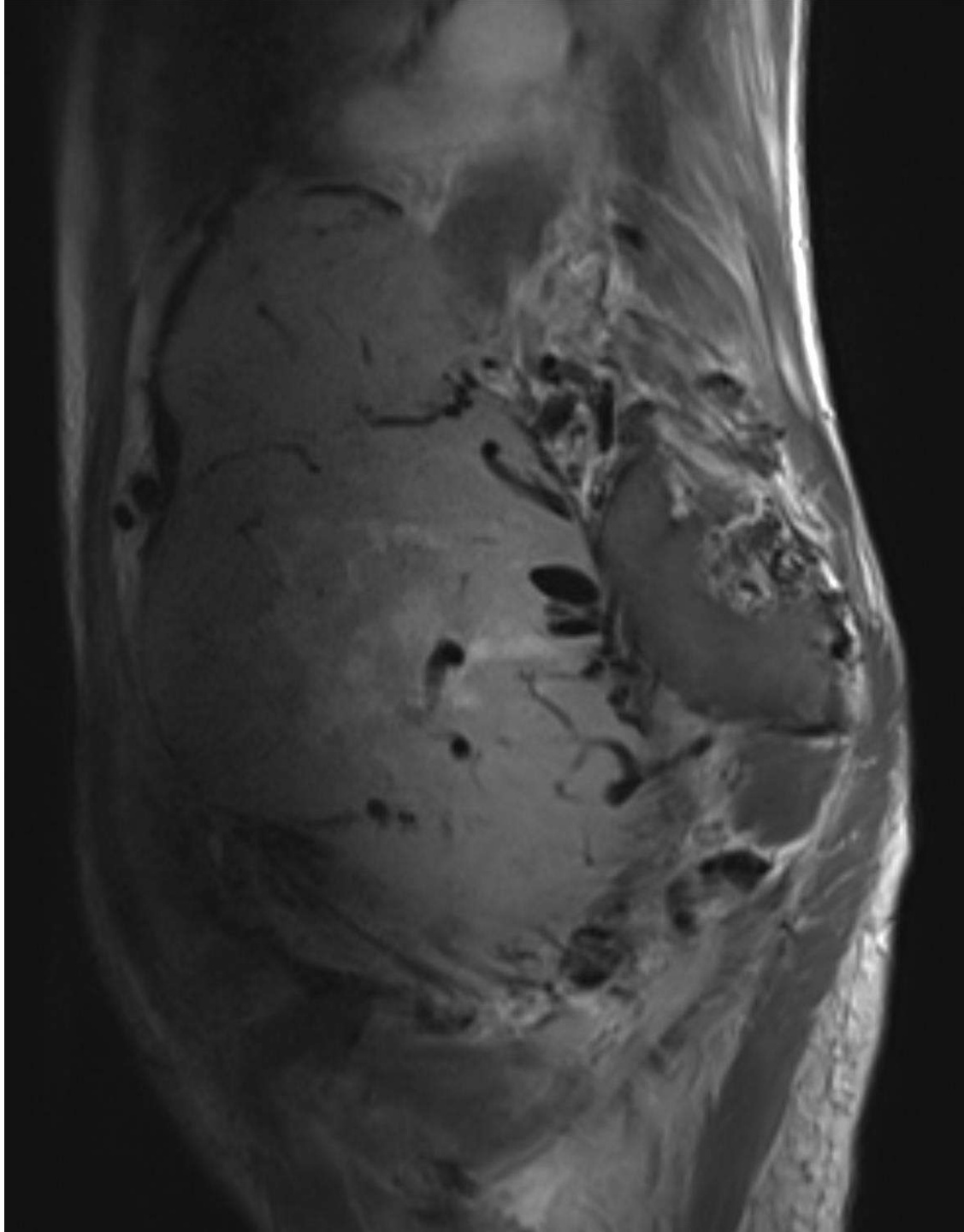
Right ovary: lateralized to the right

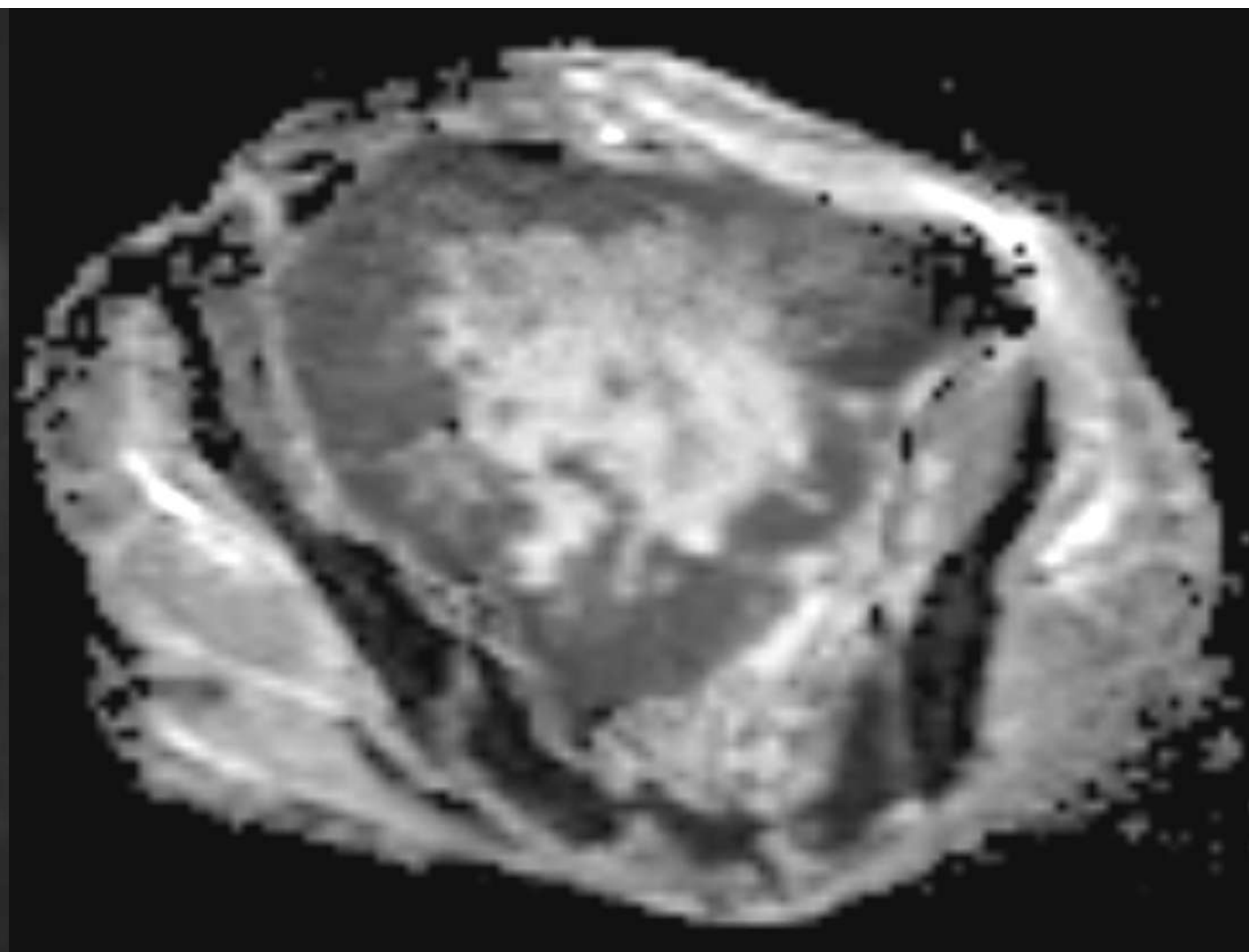
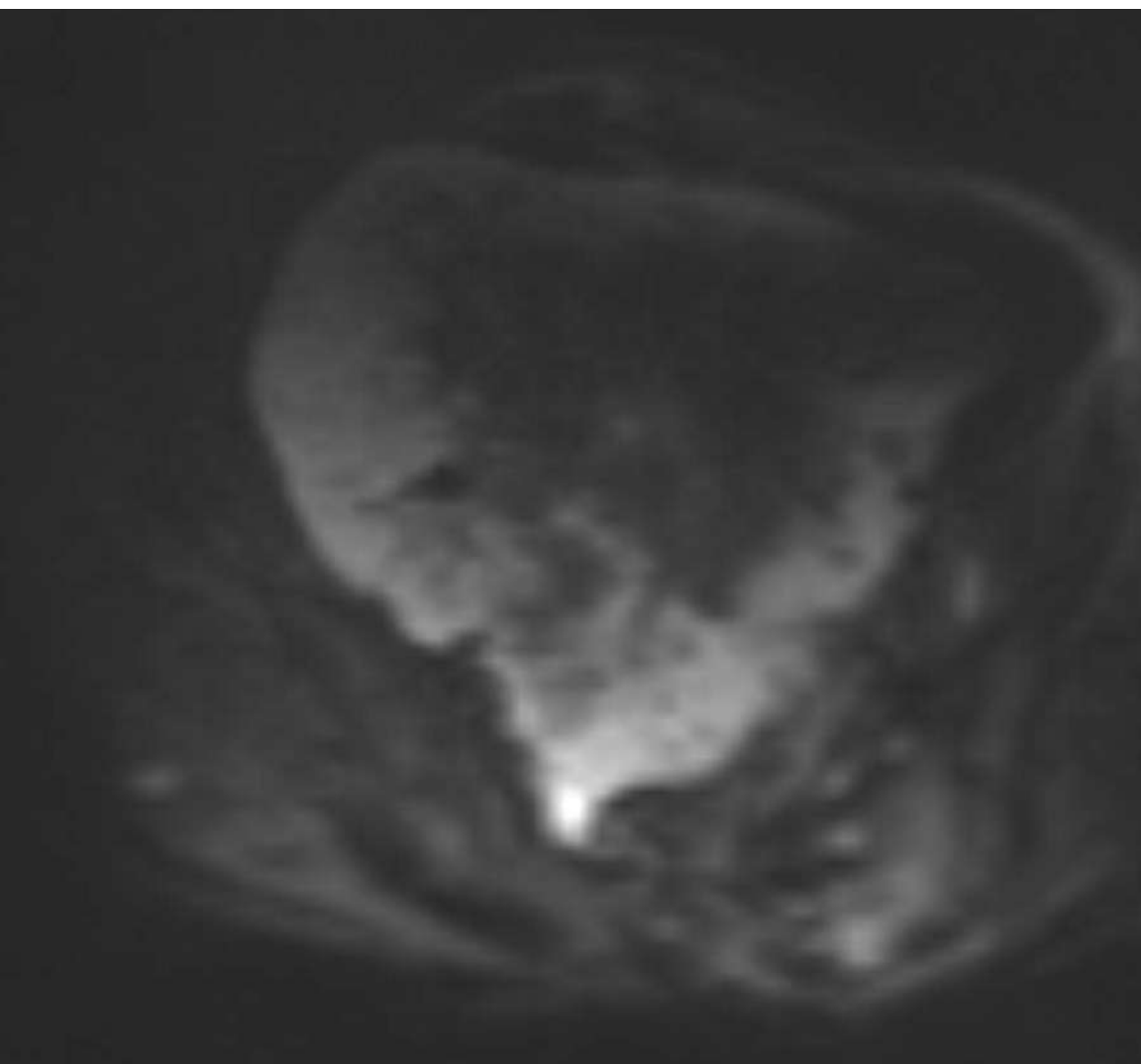
Left ovary: lateralized to the left

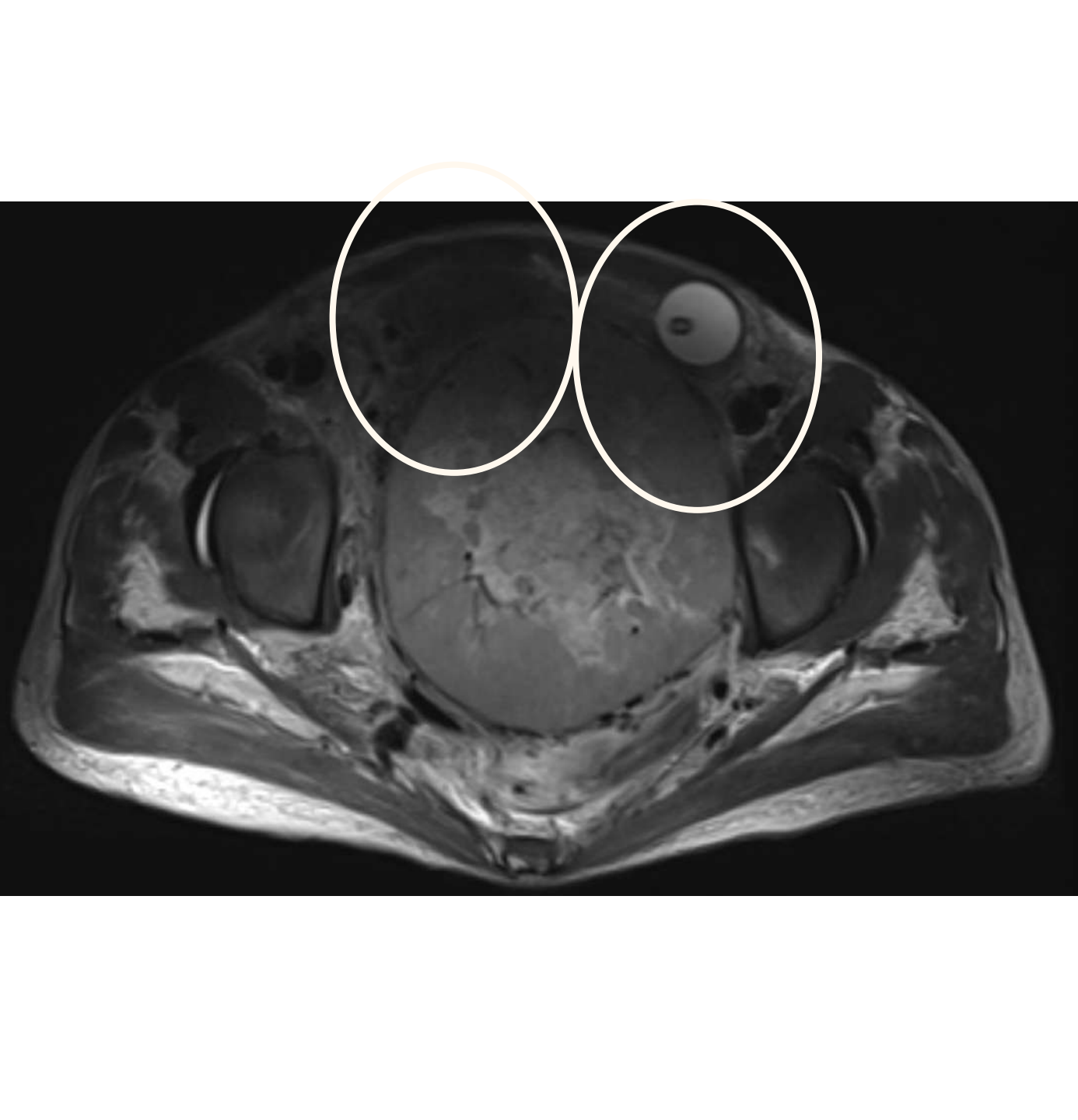
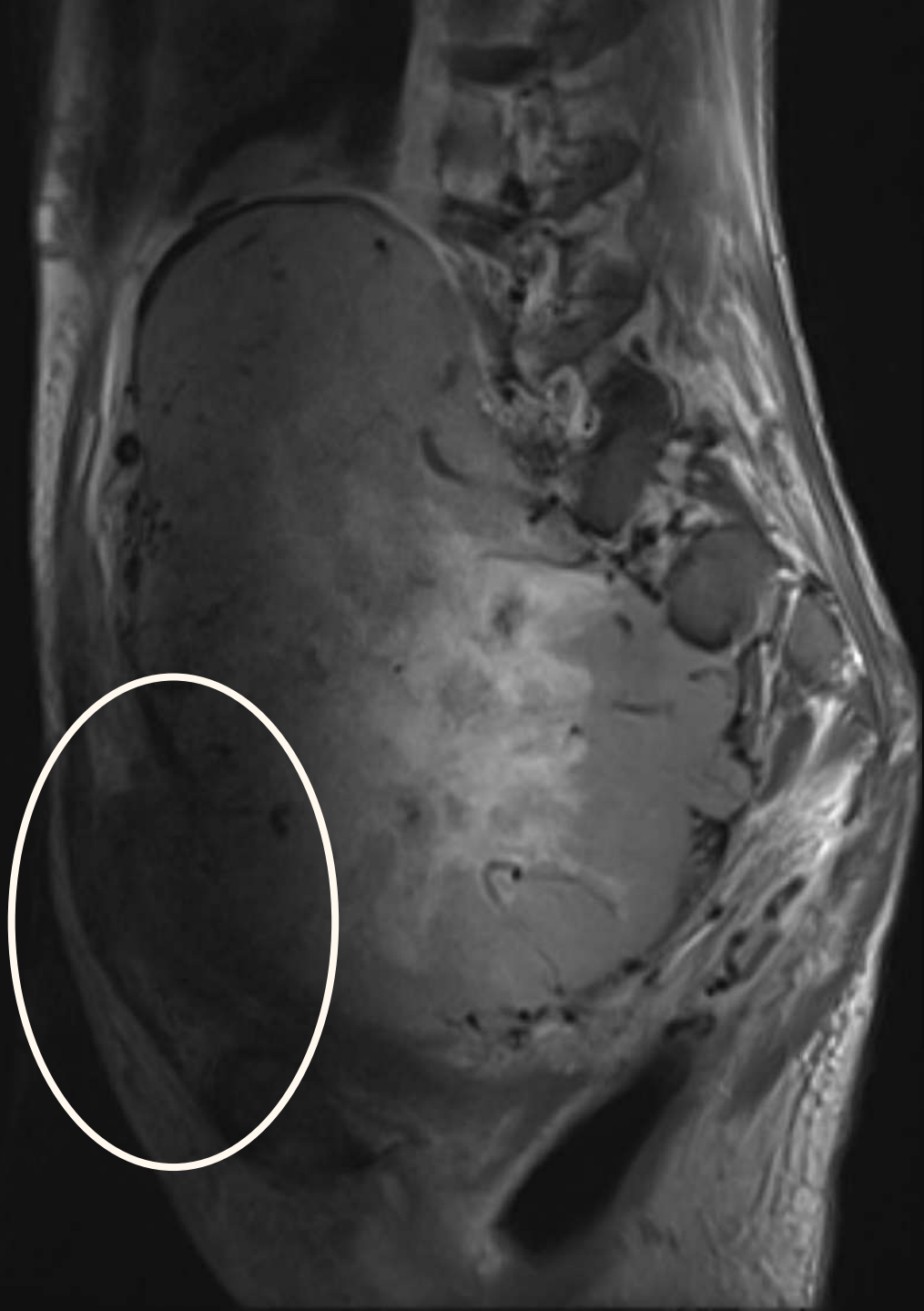
Doppler echo pelvic tumor with large peripheral and central vascular network with multiple arteriovenous fistulas

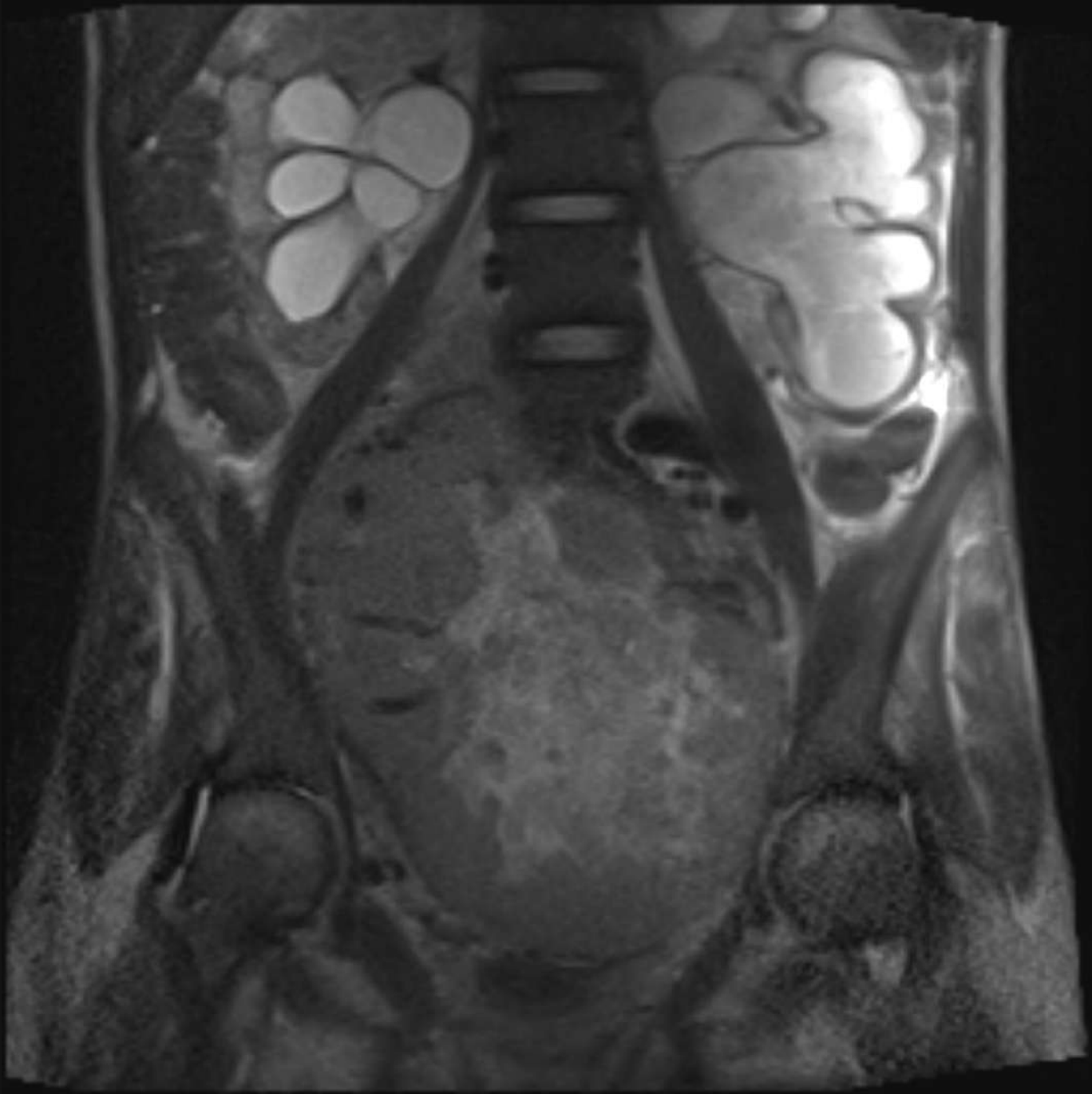
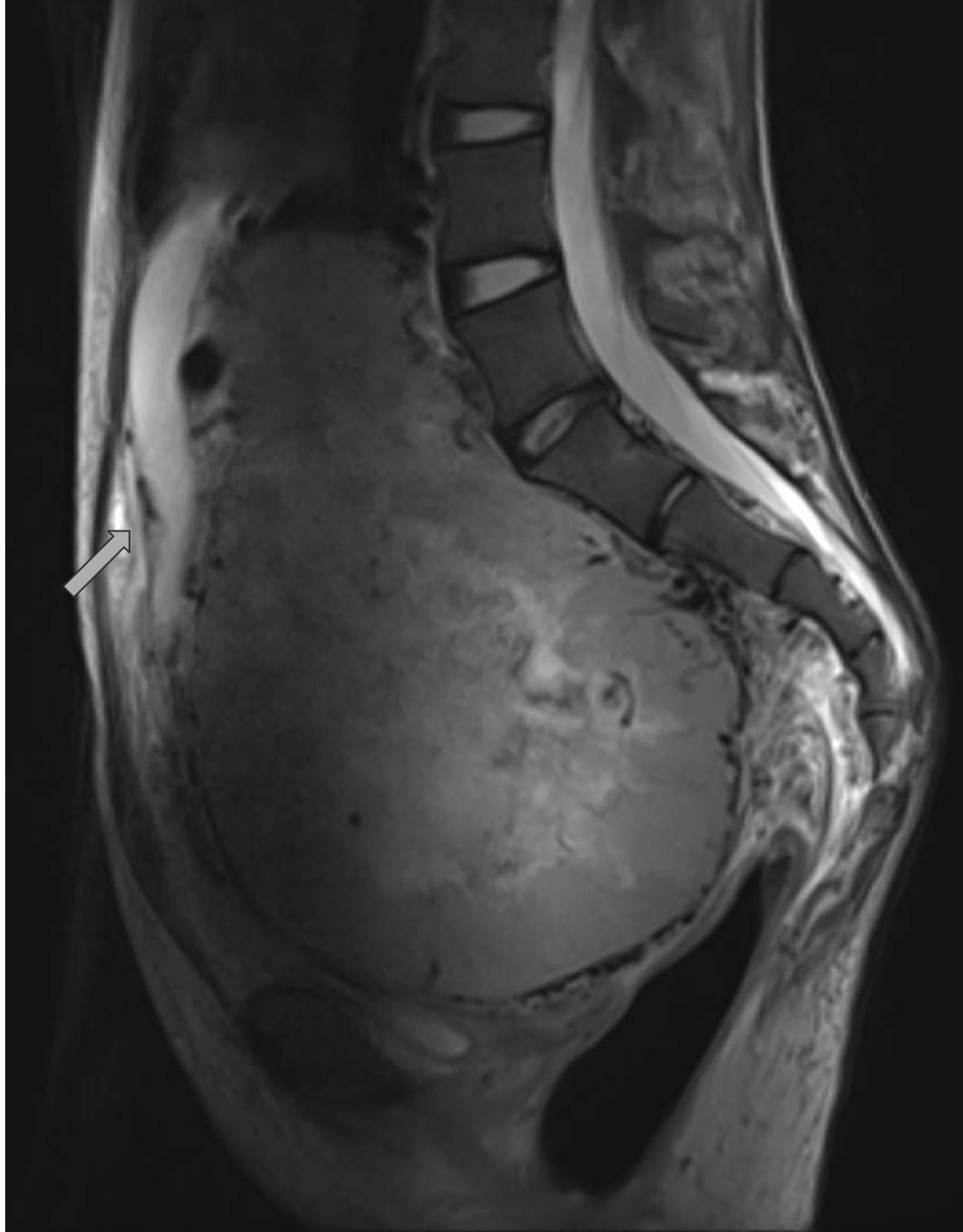


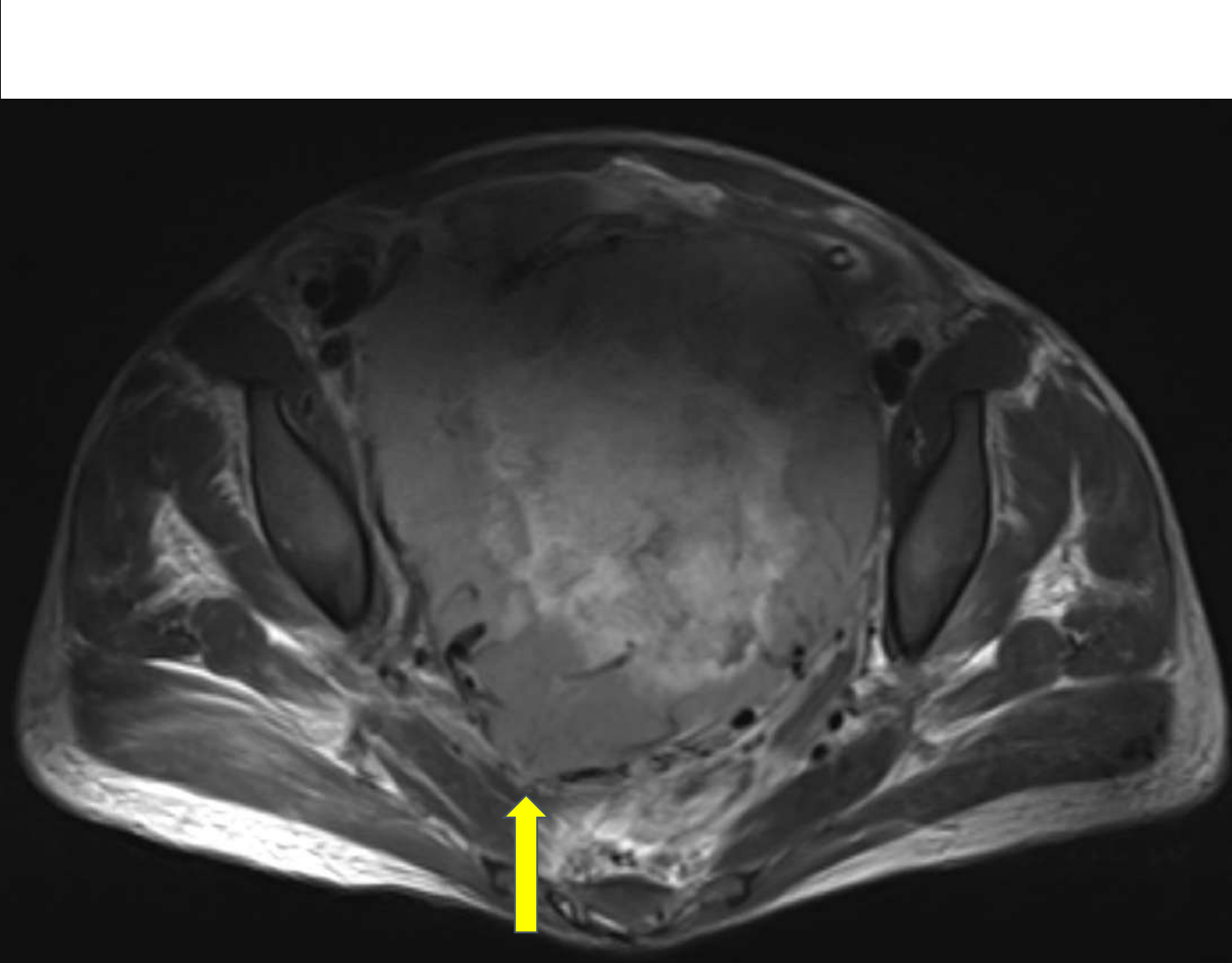
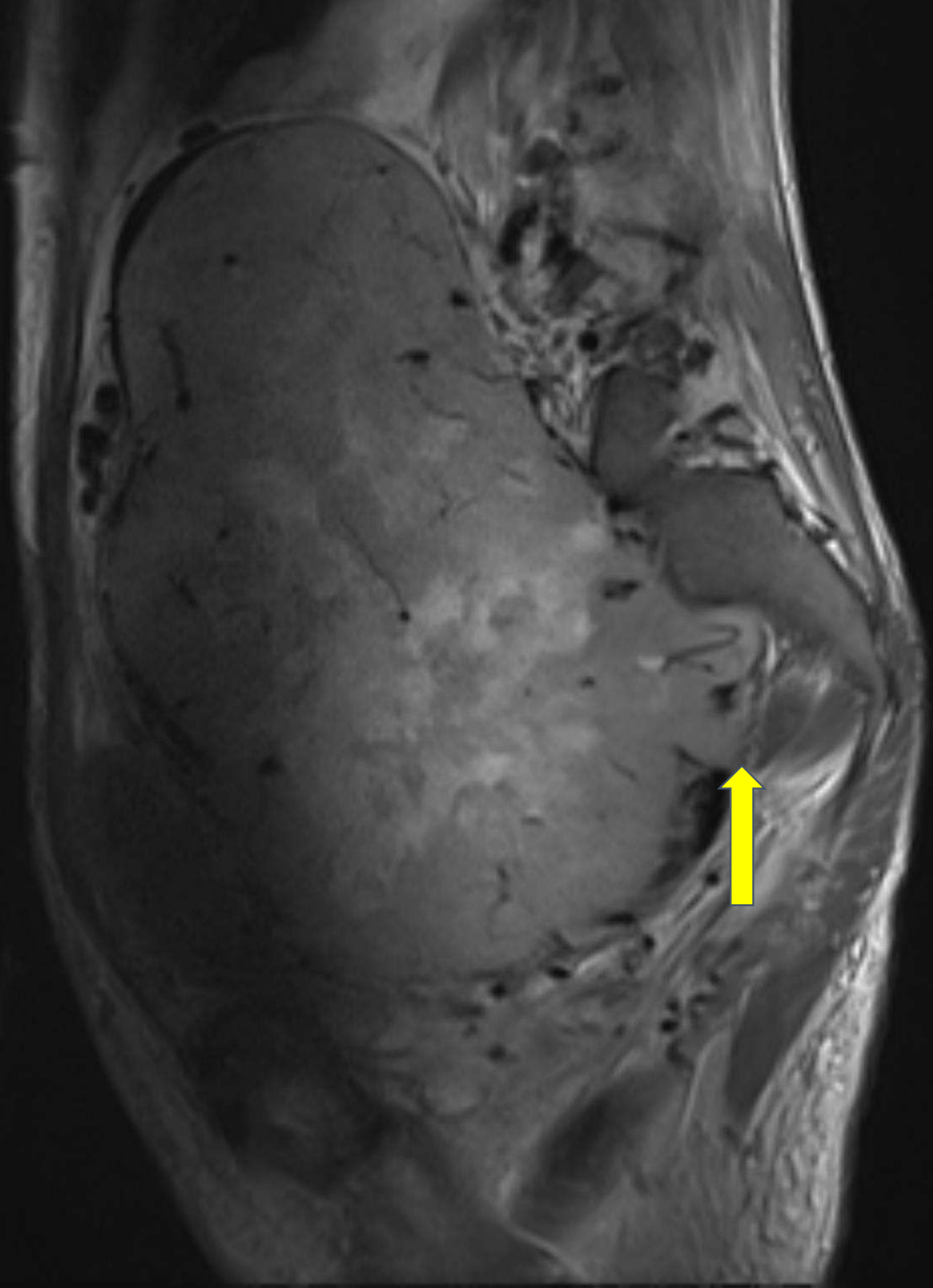












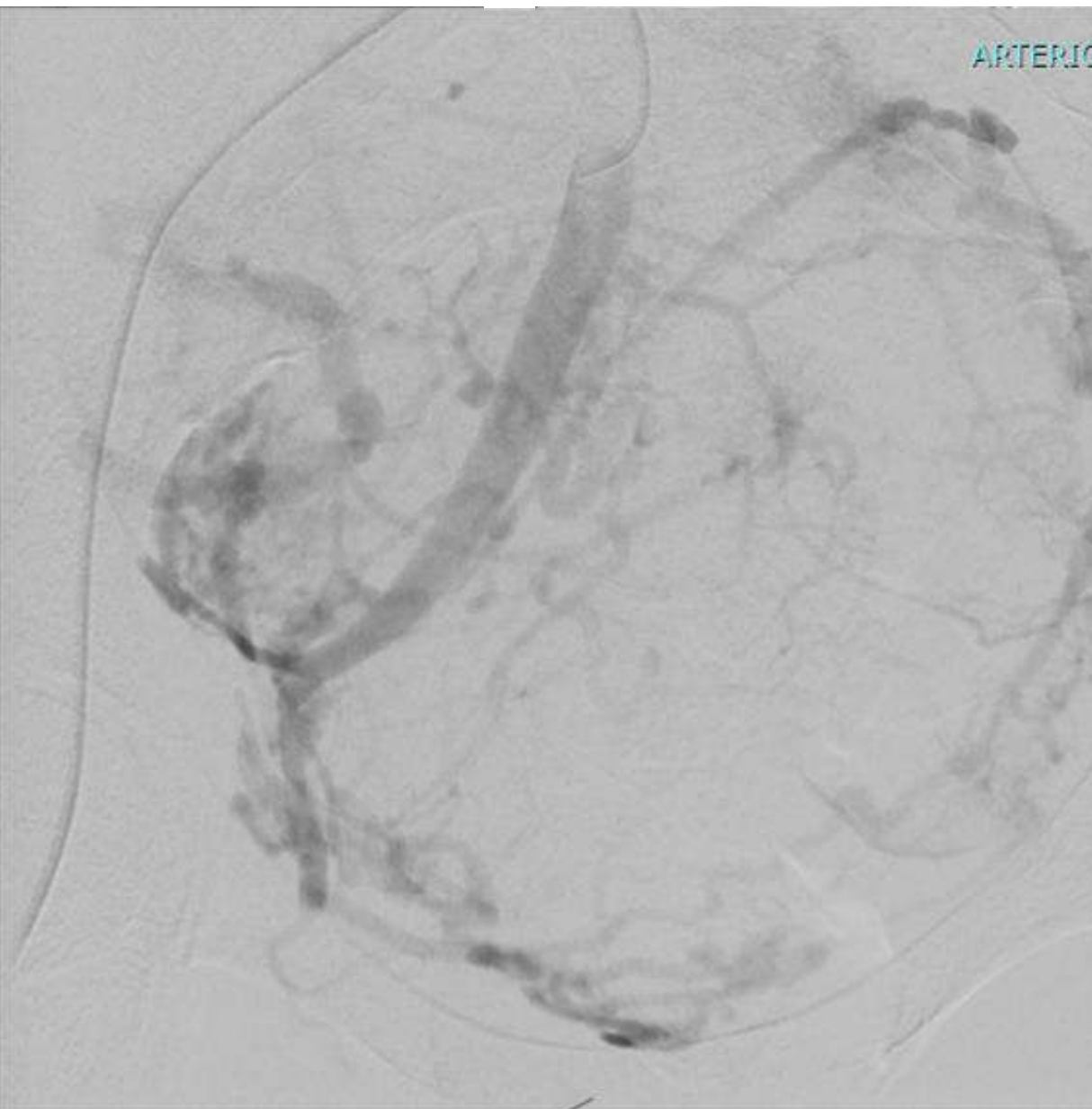
09/07/22

EXPLORATION LAPAROTOMY + WEDGE BIOPSY OF PELVIC TUMOR + EXCISIONAL BIOPSY OF LOCAL NODE

A) Histological sections show fragments of vascularized fibroconnective and adipose tissue, with small areas of myxoid changes in the stroma. No atypia or neoplastic infiltration is recognized in the sections examined.

B) Histological sections of lymph node parenchyma with reactive lymphoid follicles and sinusoidal hyperplasia. No metastasis is observed in the sections examined.







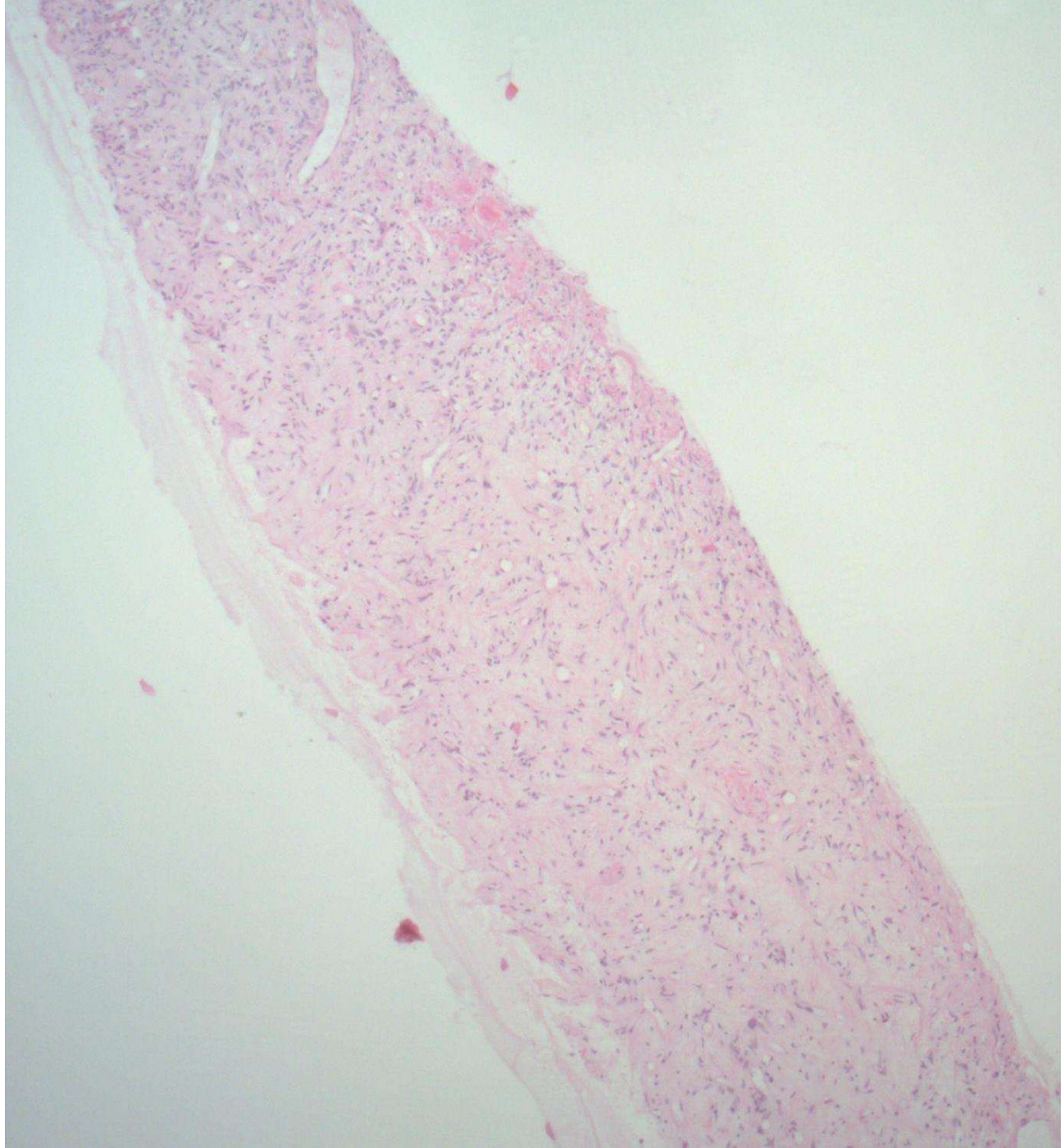
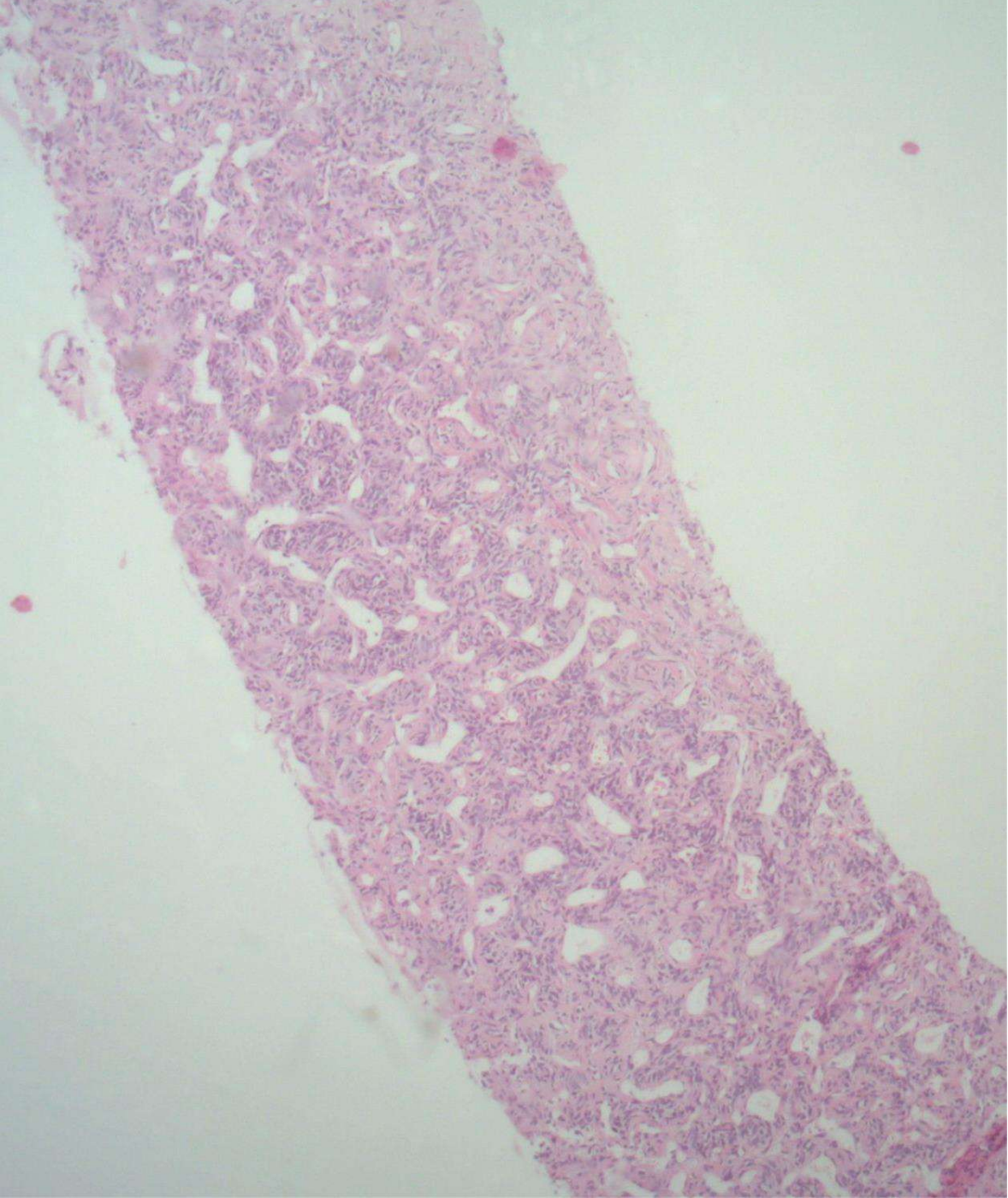
Female (24 years old)

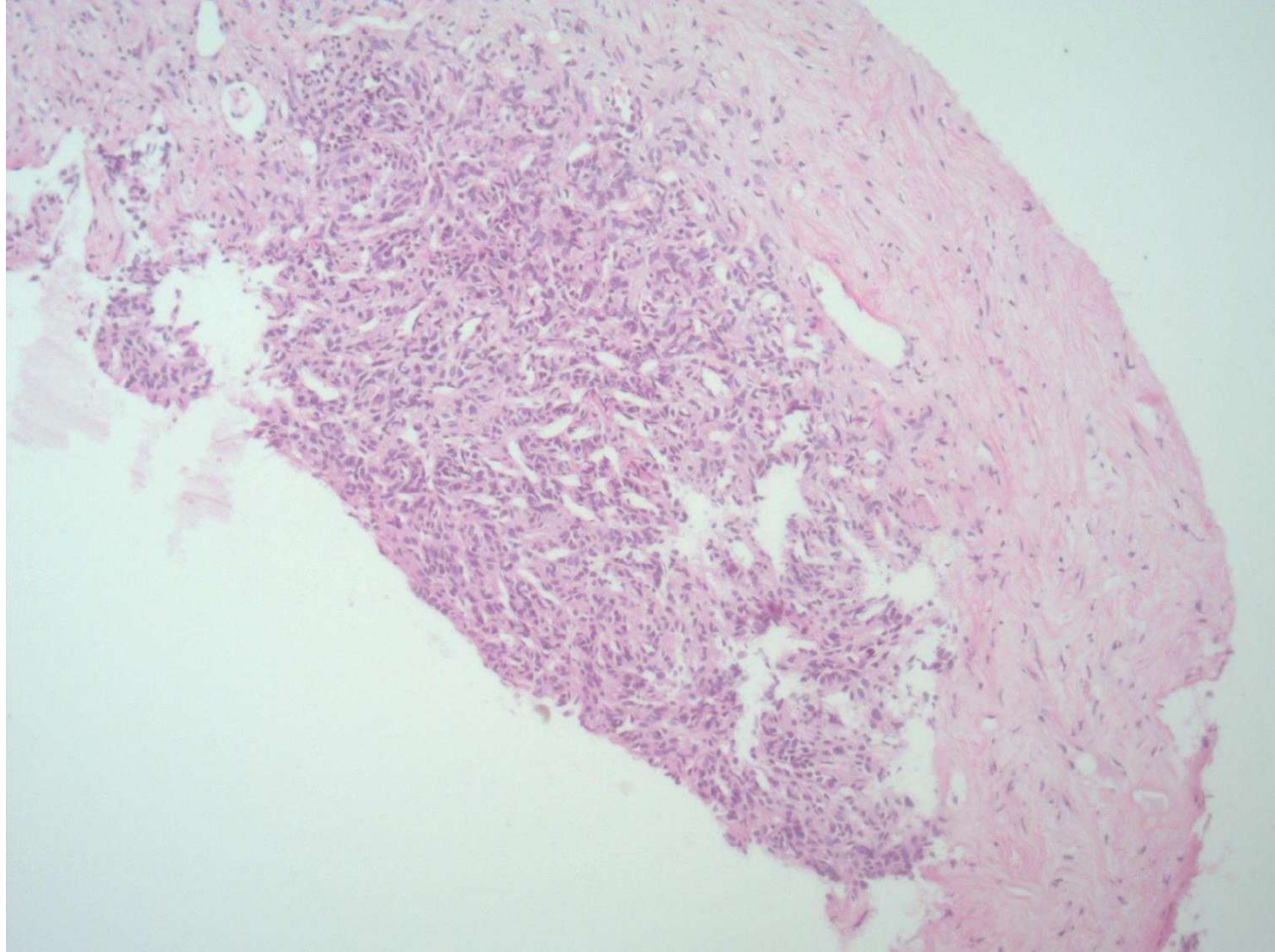


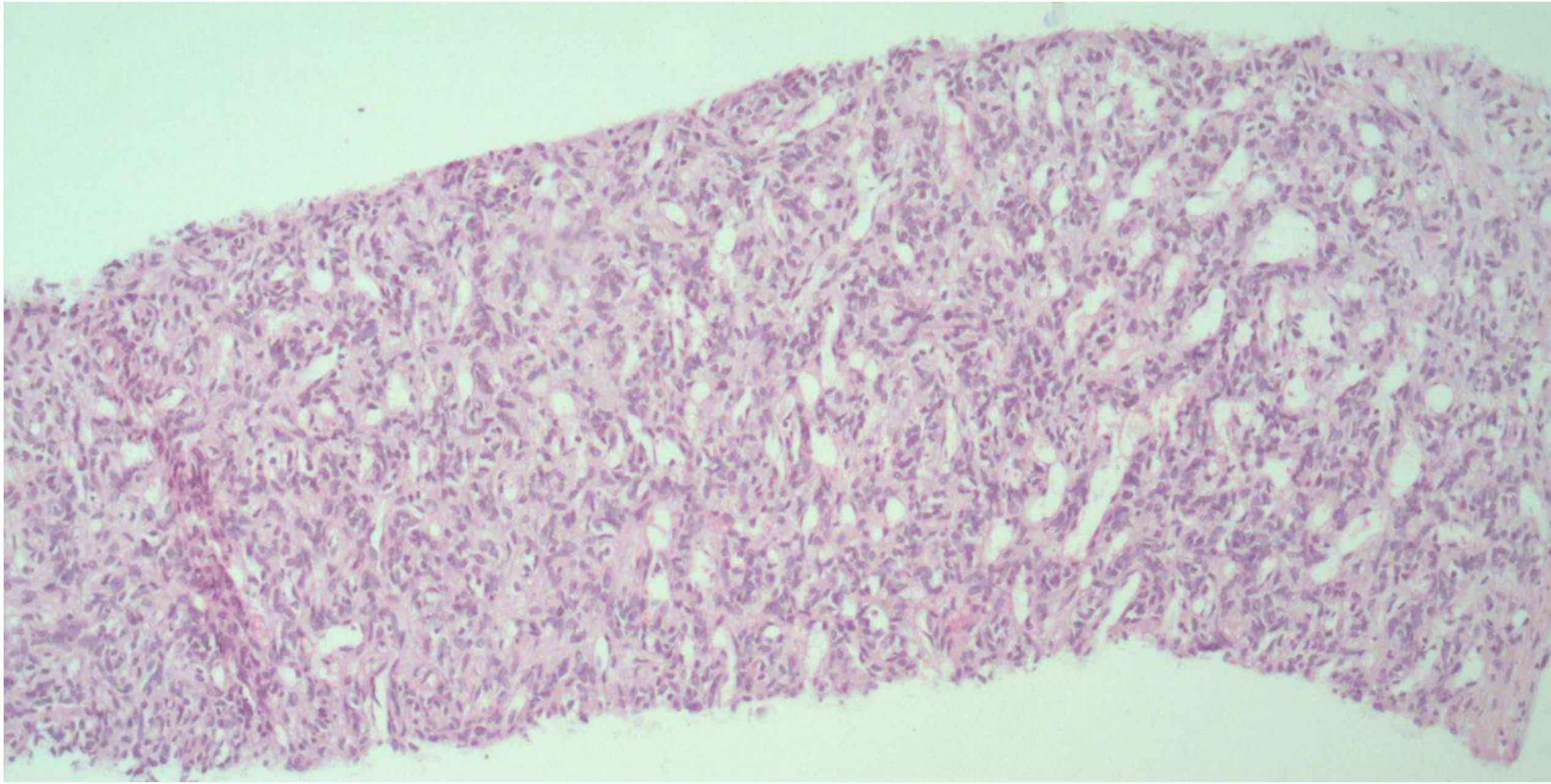
Pathology 12/05/22

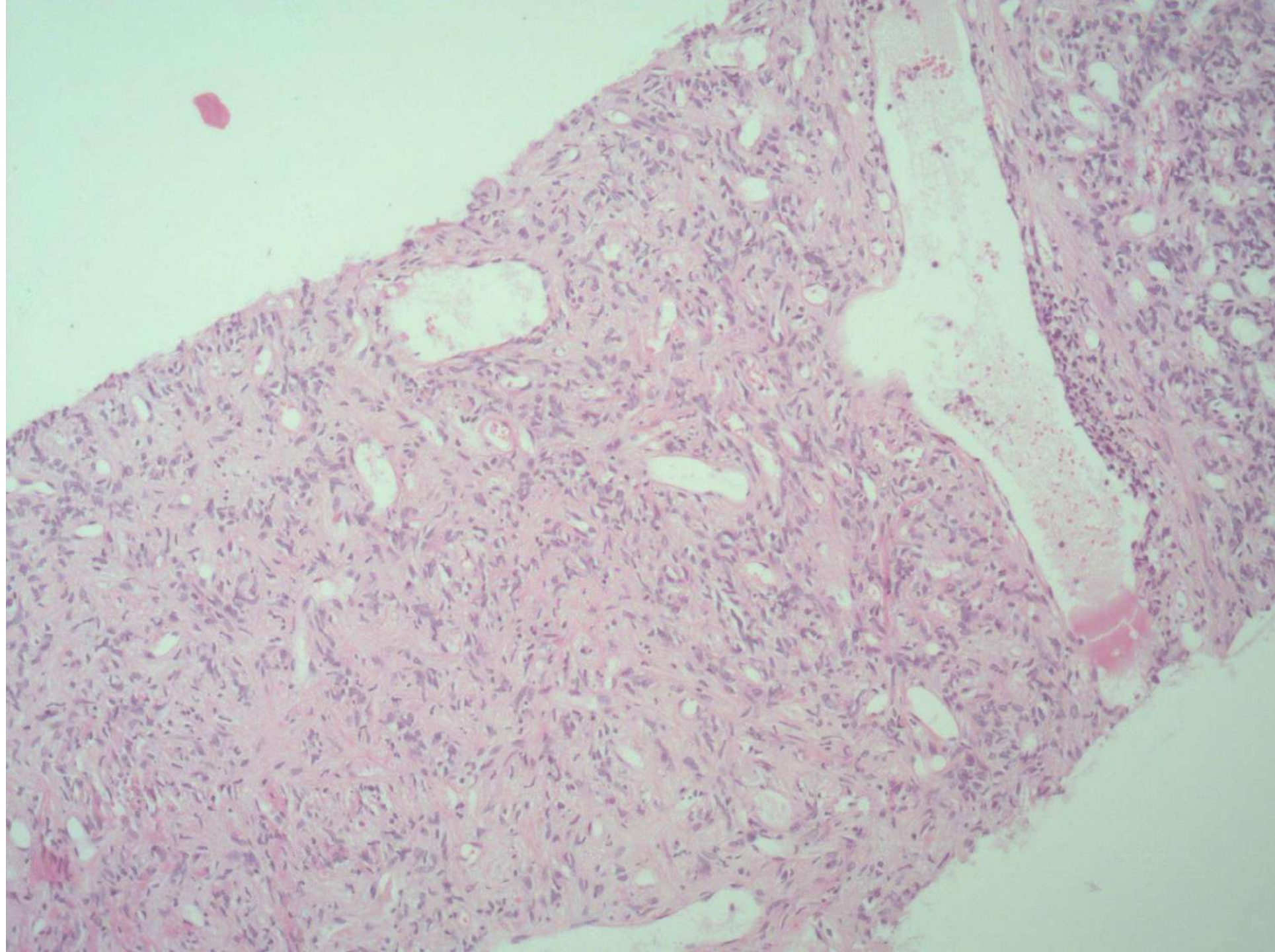
PELVIC TUMOR + RETROPERITONEUM

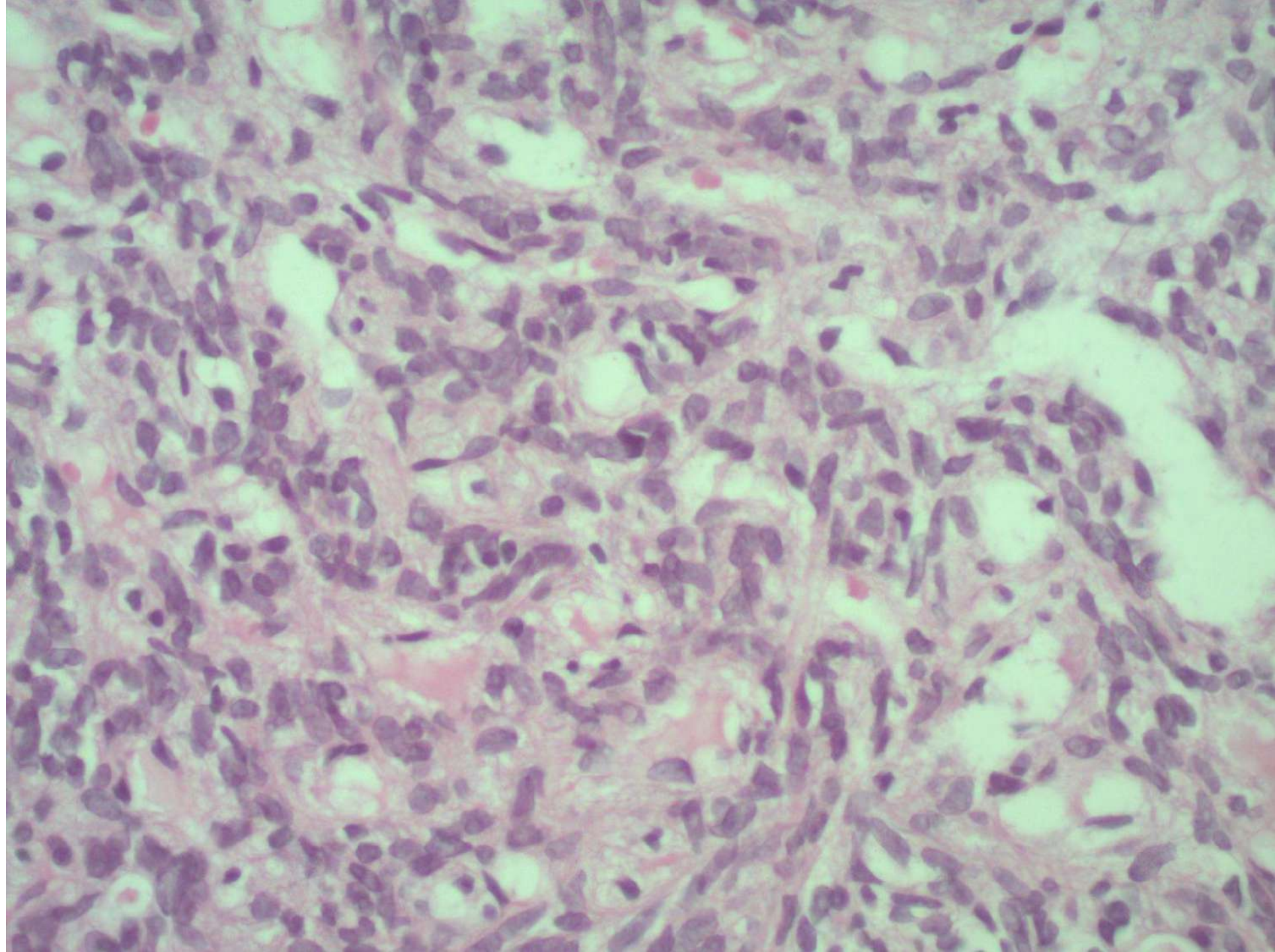
Two whitish cylinders measuring between 1.3 and 1.3 cm. (1cT)

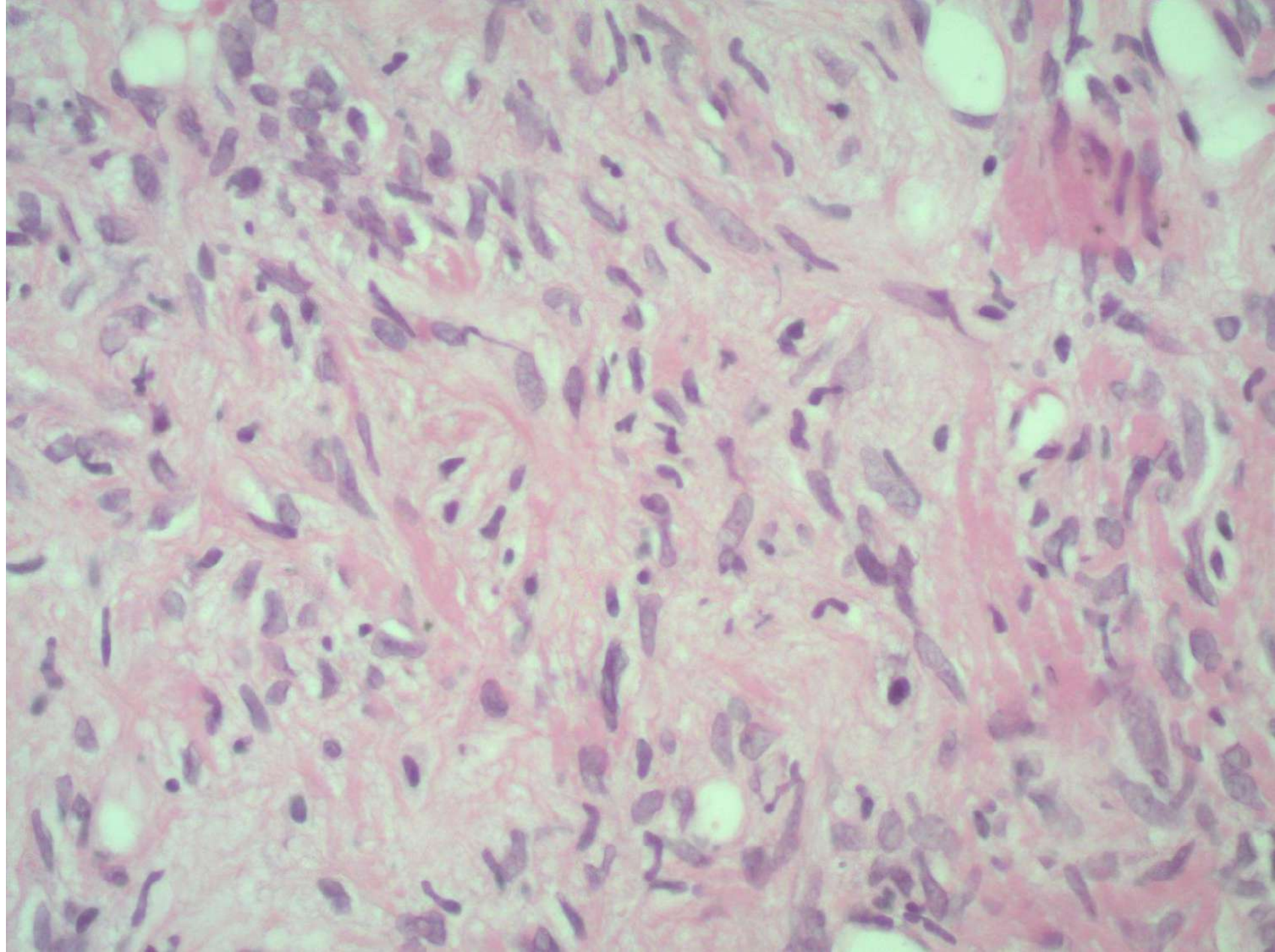


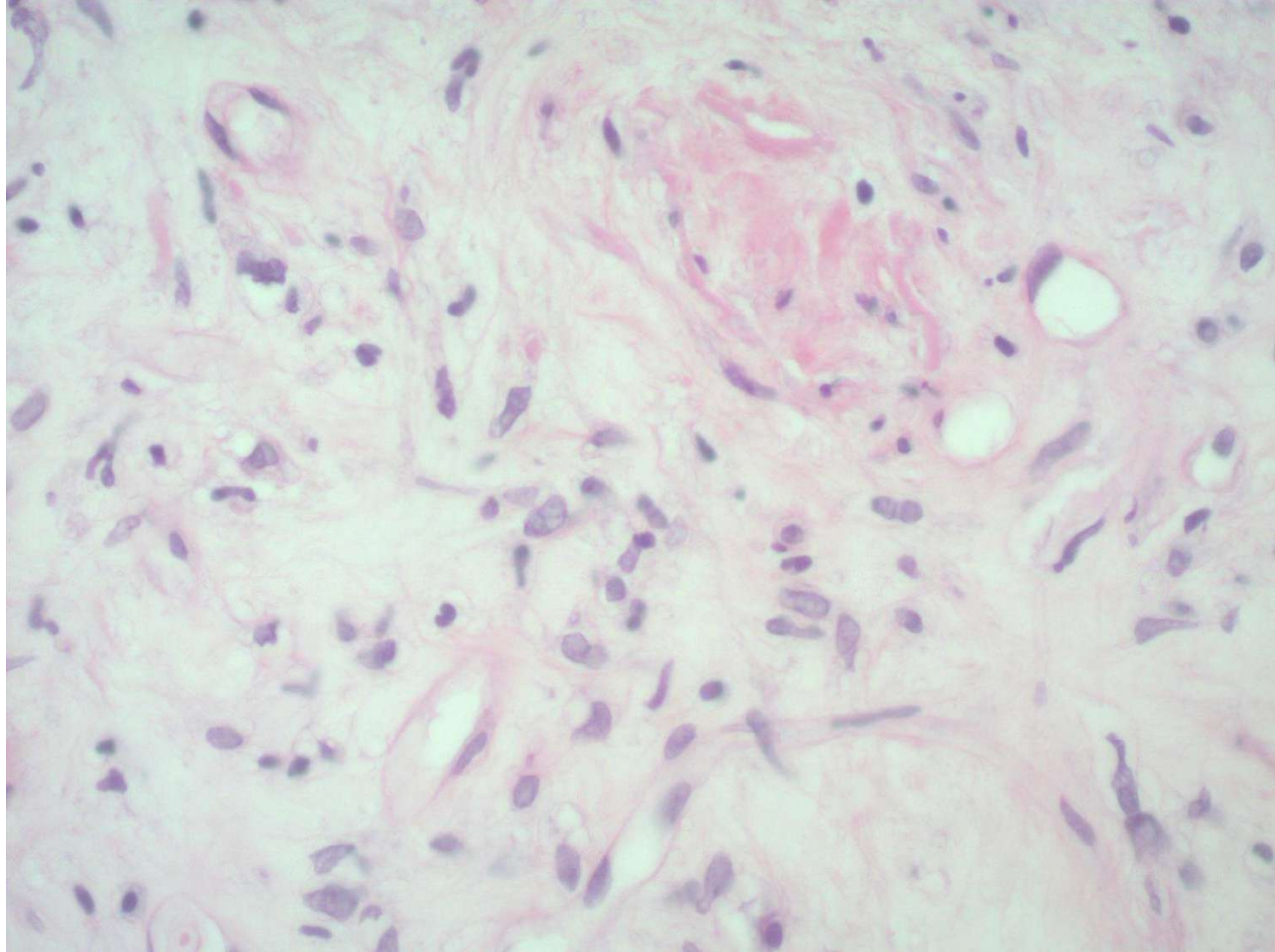


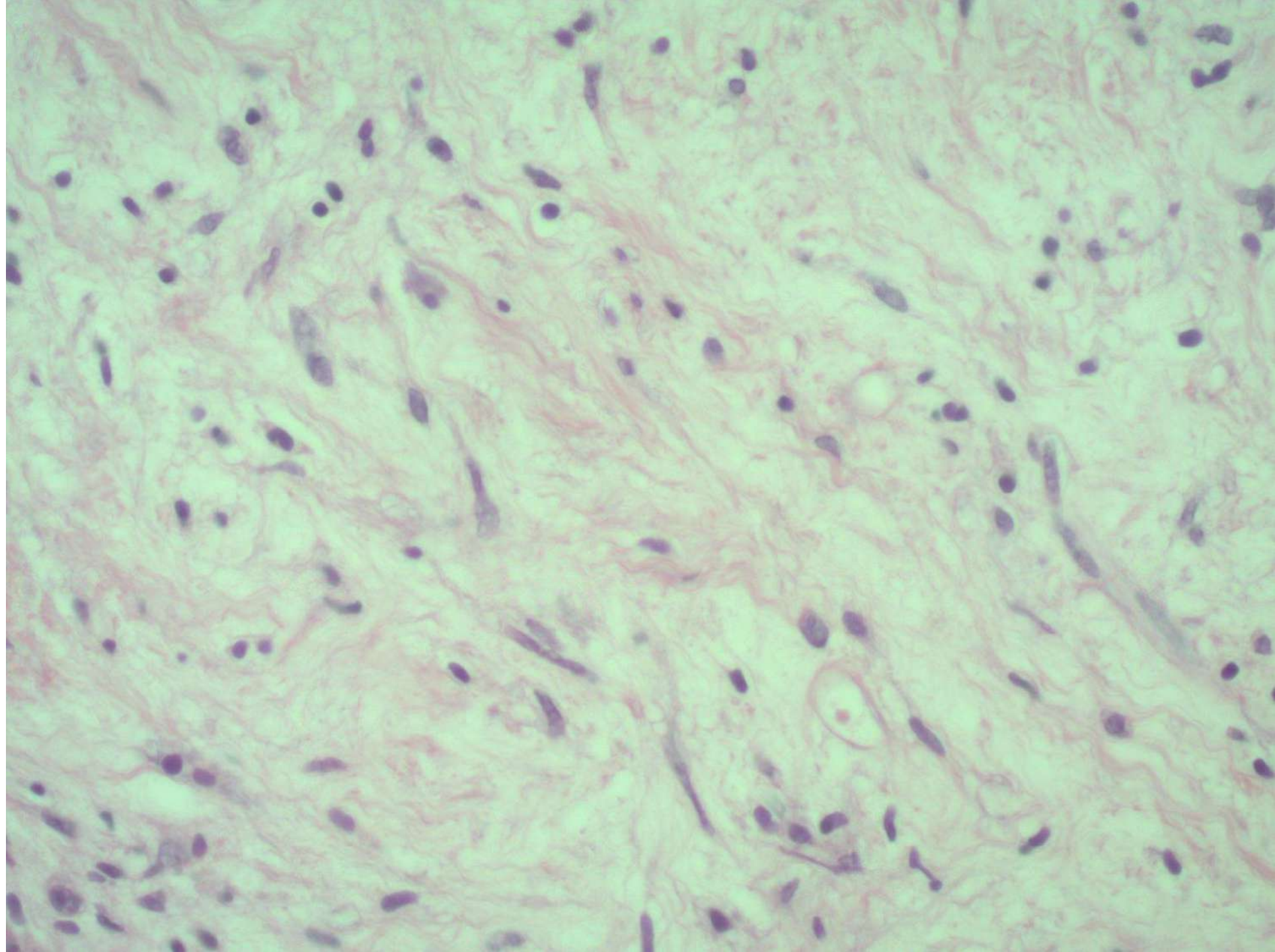


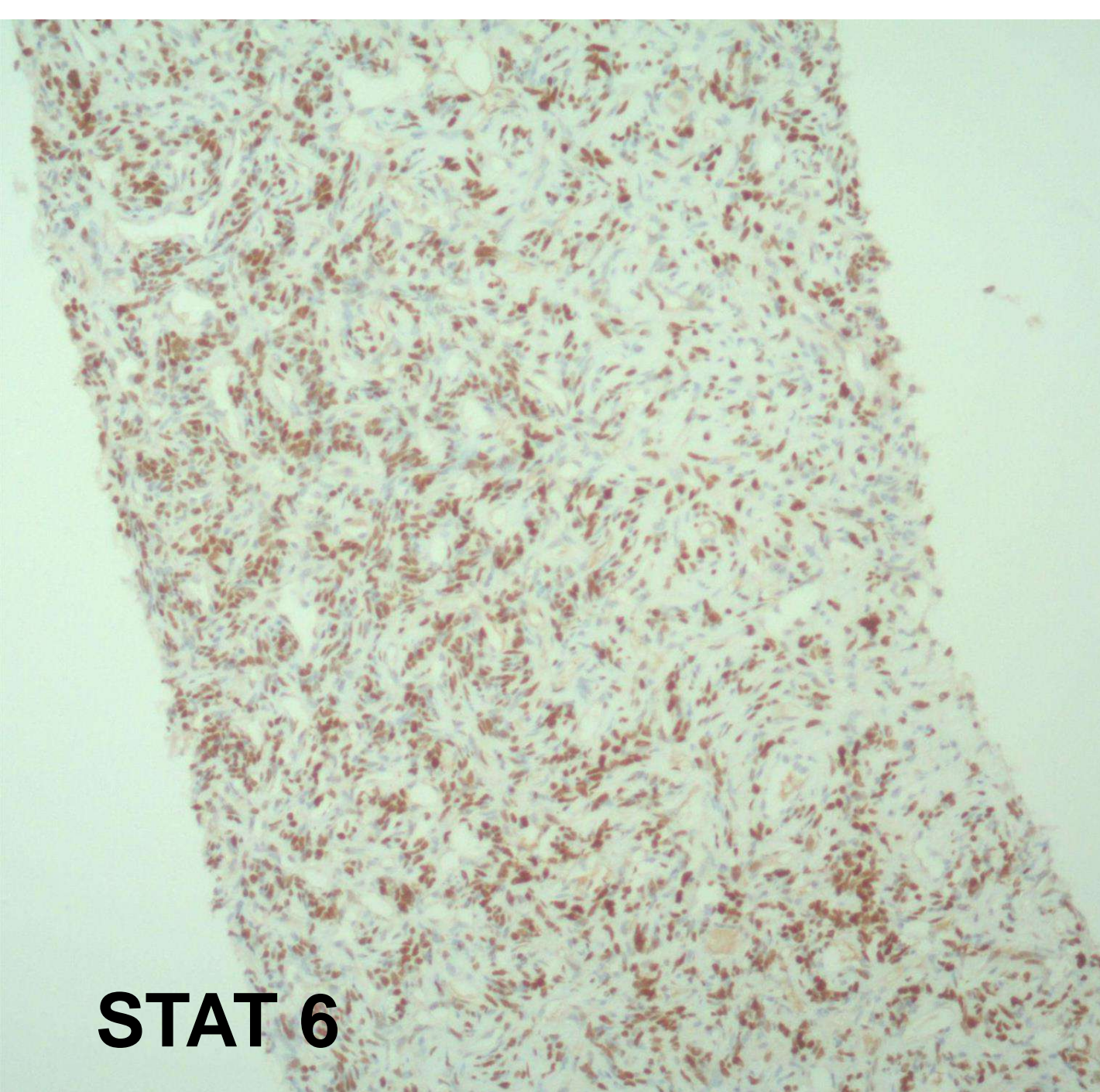




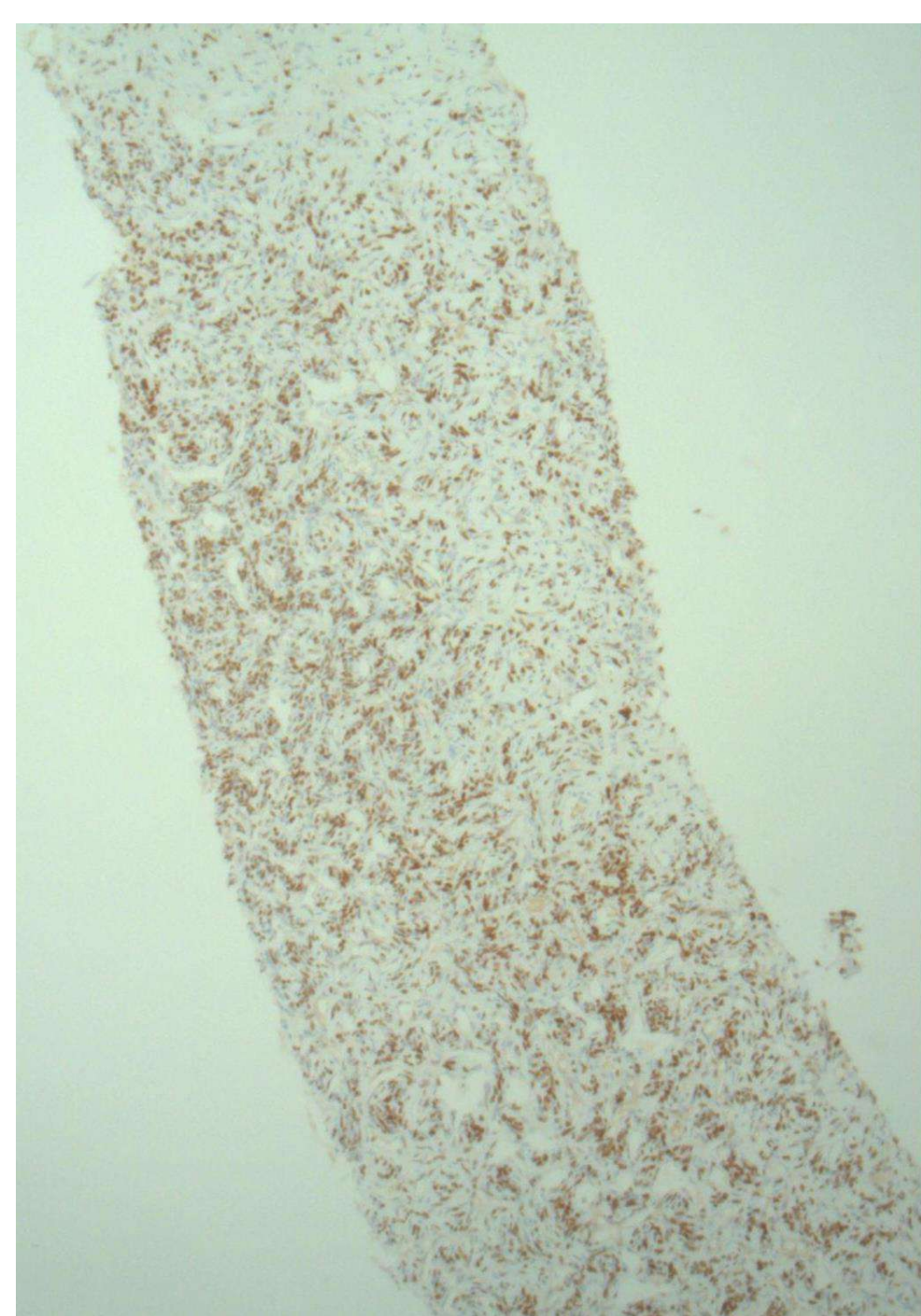




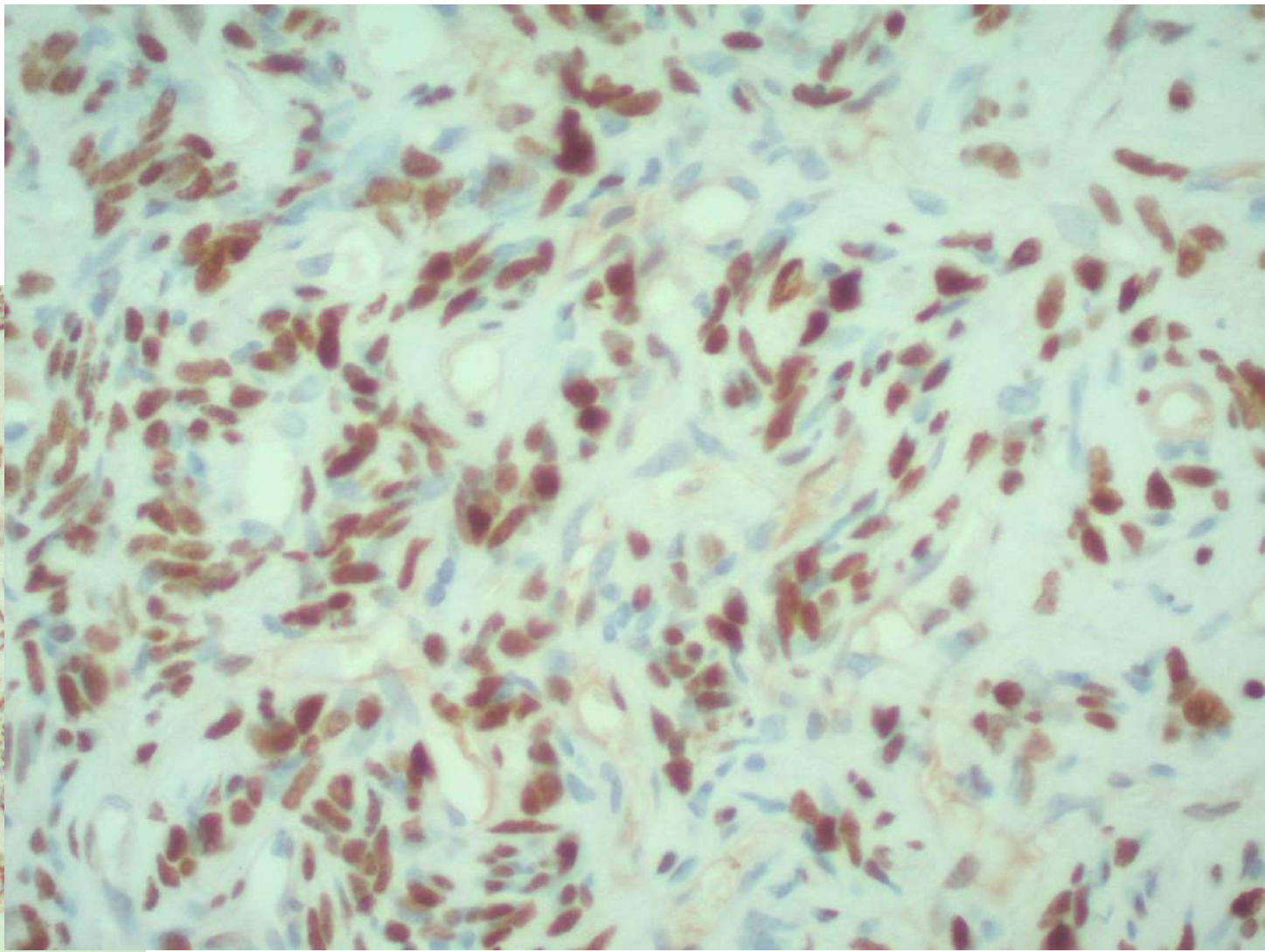
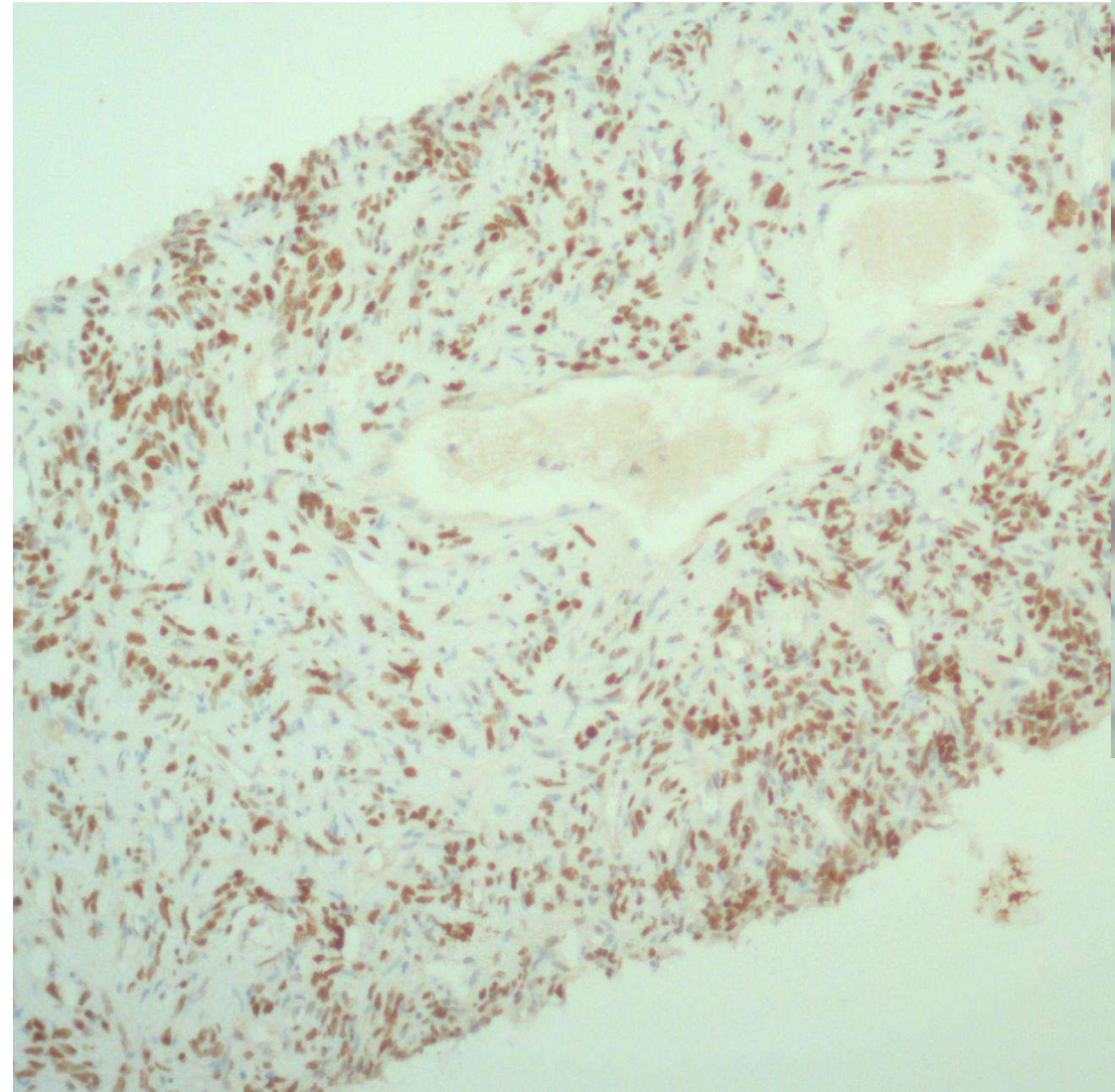


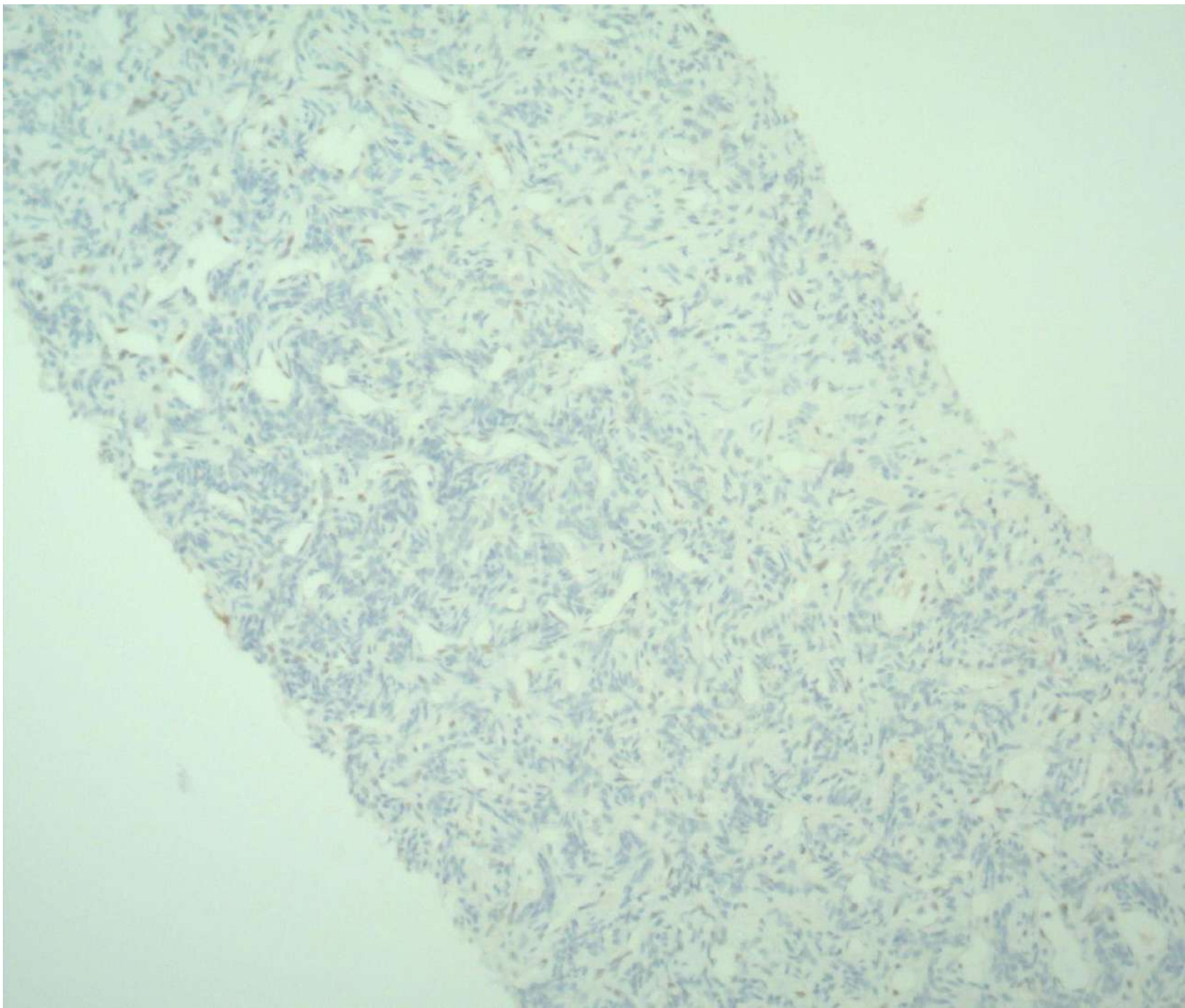


STAT 6

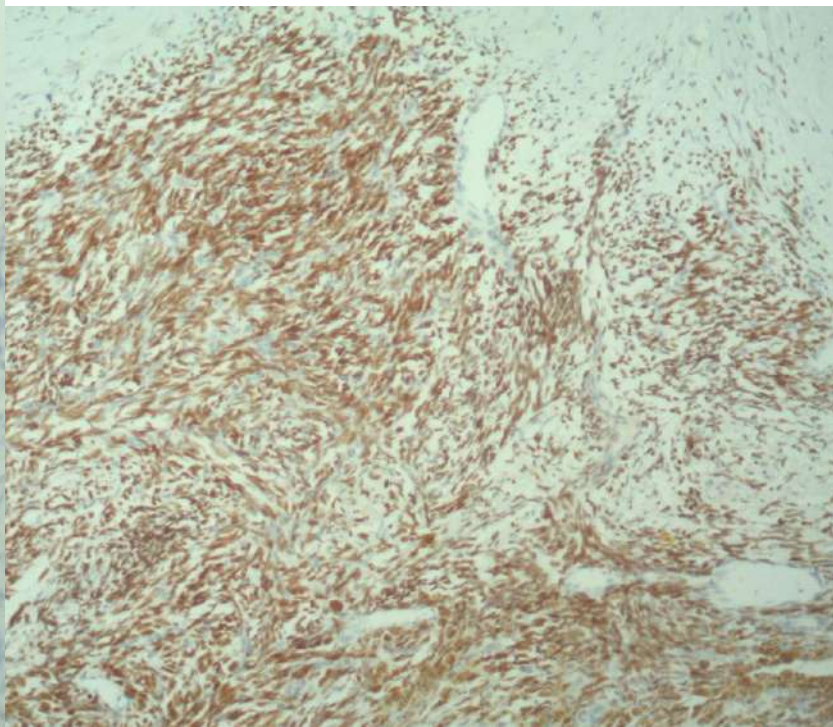


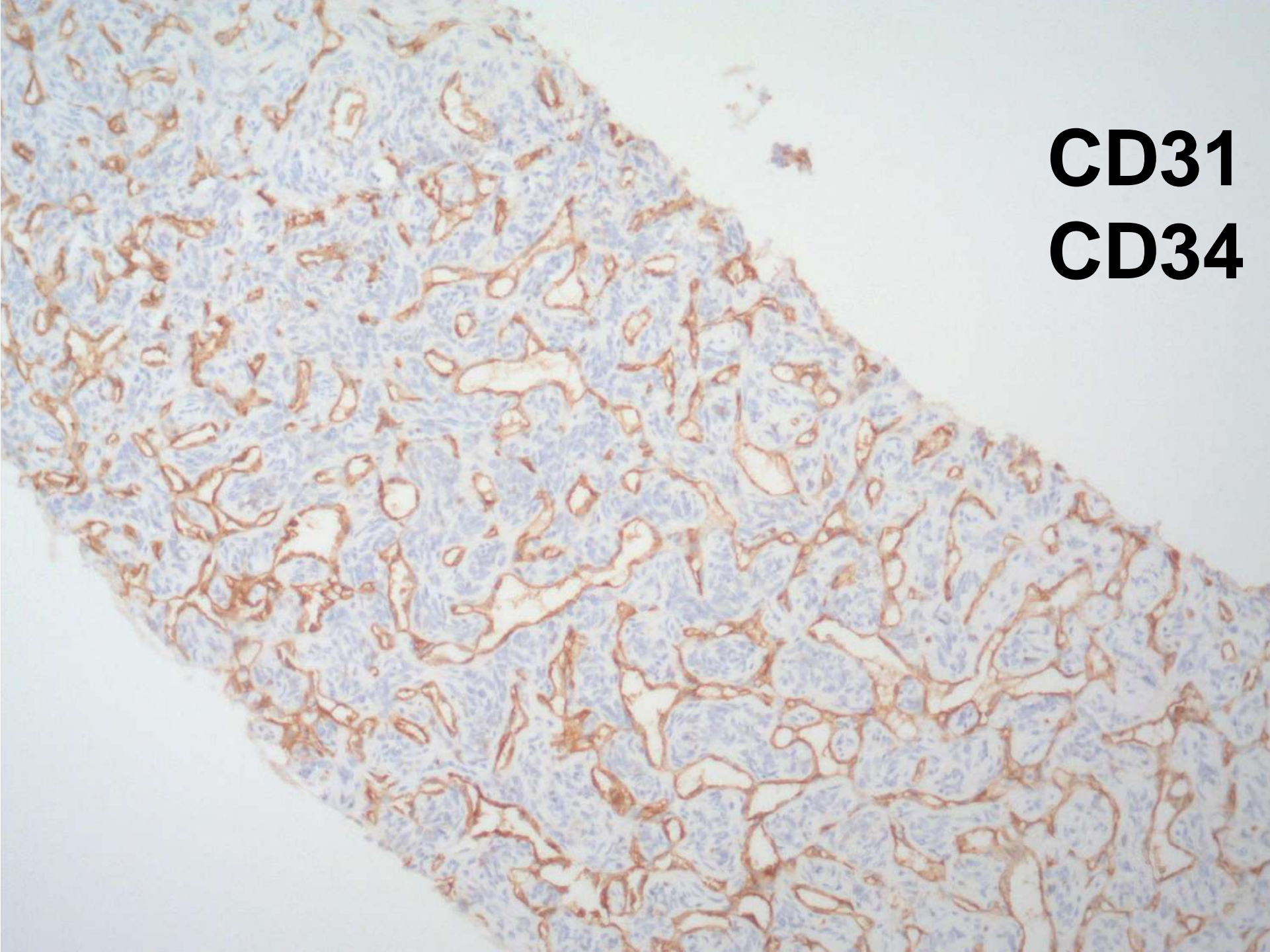
STAT 6



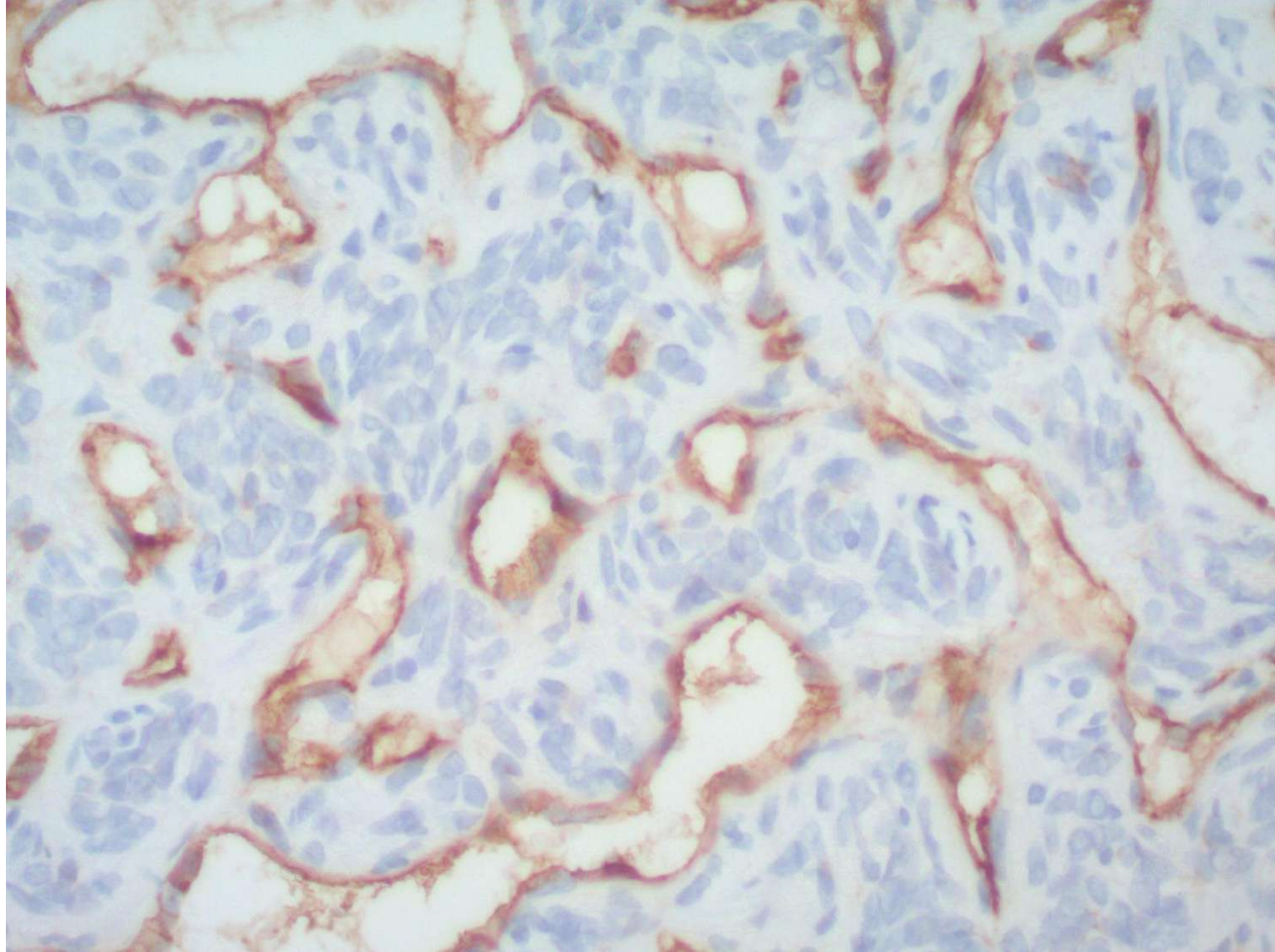


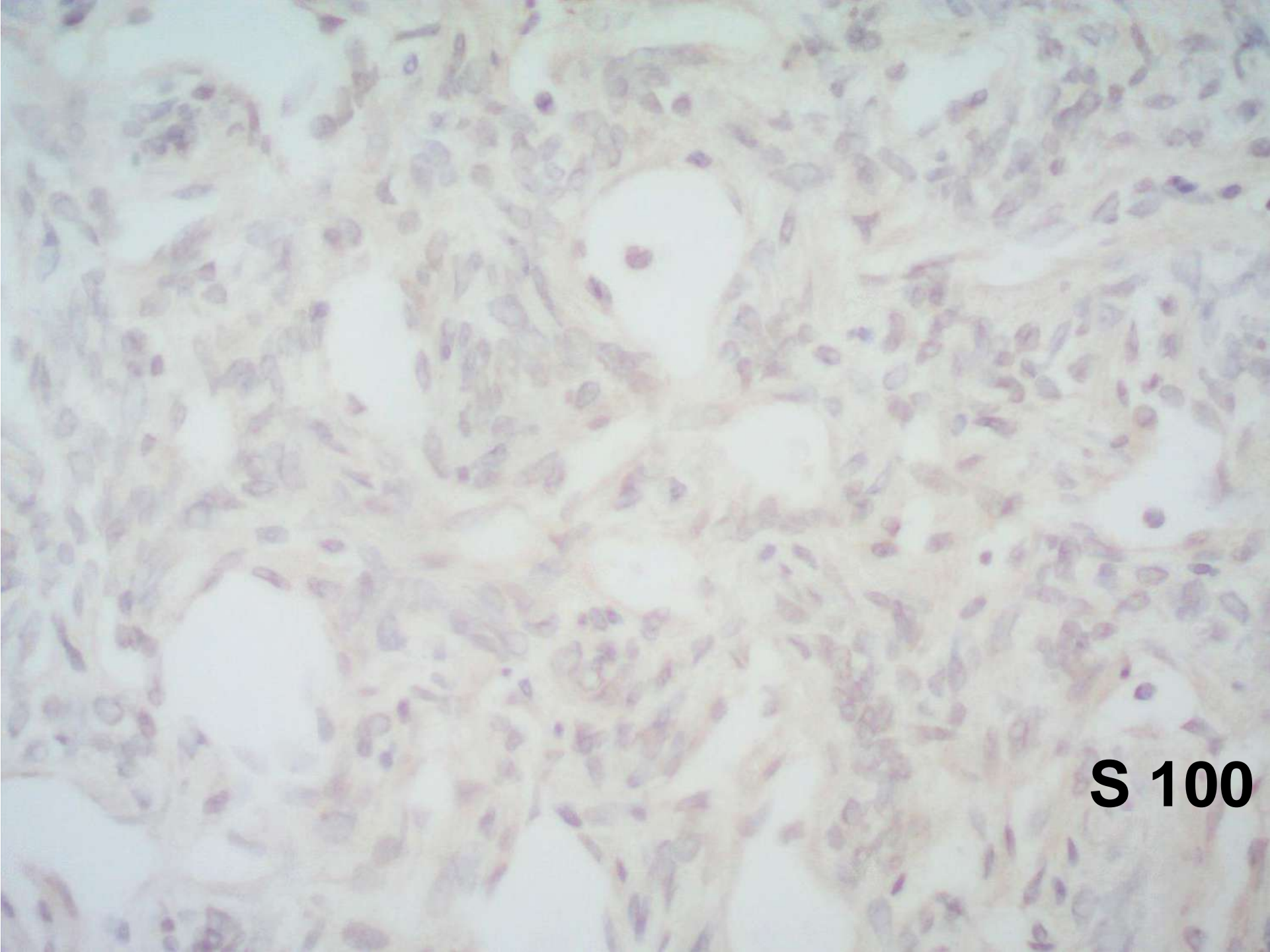
TLE 1



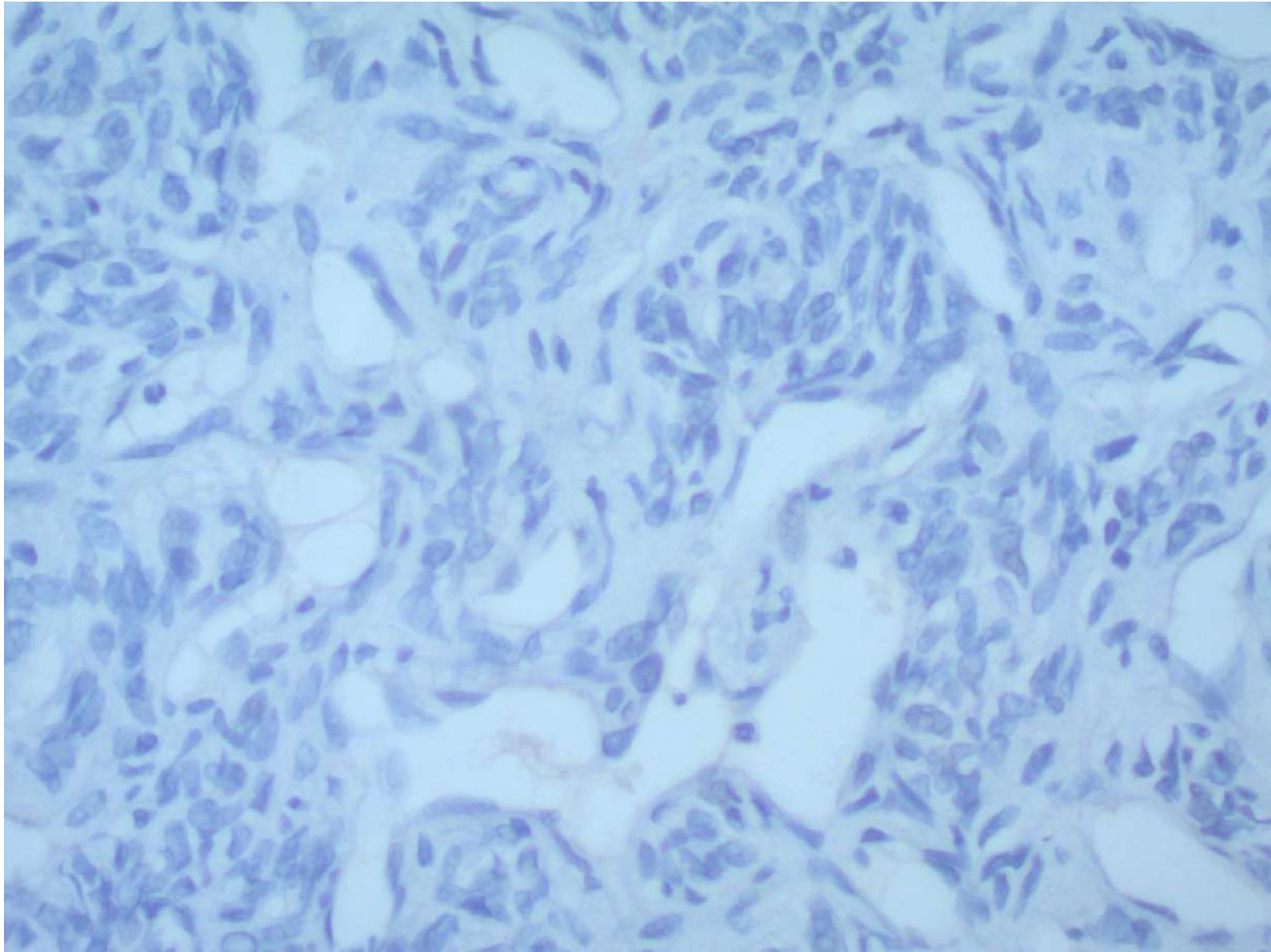
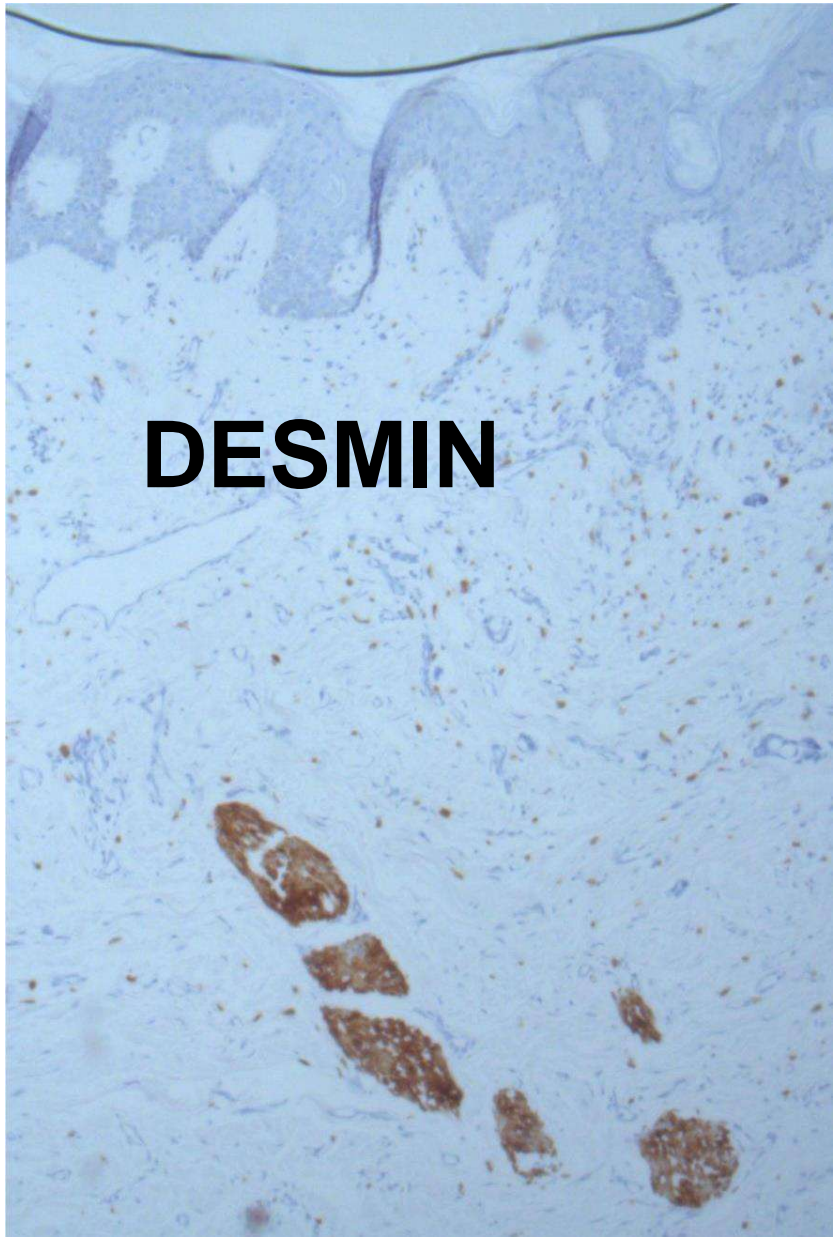


CD31
CD34





S 100



Female (24 years old)

Pathology 12/05/22

PELVIC TUMOR + RETROPERITONEUM

Two whitish cylinders measuring between 1.3 and 1.3 cm. (1cT)

Histological sections show tissue cylinders in which a proliferation of spindle cells with oval, elongated nuclei and eosinophilic cytoplasm is observed, which are arranged surrounding thin-walled vascular structures, adopting a hemangiopericytoid appearance. These areas alternate with others of less cellularity and loose fibroconnective stroma. No significant mitotic activity or cytologic atypia or necrosis are observed in the sections examined.

Female (24 years old)

Immunohistochemistry

STAT 6: positive

TLE1: negative

CD31: negative

CD34: negative

S 100: negative

Desmin: negative

Immunohistochemical interpretation:

The morphological and immunophenotype findings are linked to

Solitary Fibrous Tumor

Female (24 years old)

PS 2

BMI 15

Therapeutic plan

- **Anthracyclines for 2 cycles and reassessment**



Case	Diagnosis	Site	Country
1	Leyomiosarcoma + Breast and colon cancer	Dra Gema Aguil	Argetnina
2	Reteiniform hemangioendothelioma	Dr Boris Itkin	Omán
3	Ewing sarcoma	Dr Figueredo Diego	Paraguay
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