



# SELNET MDT

## 23 May 2024





Case	Diagnosis	Site	Country
1	Locally Advanced Left Leg Myxoid LPS	Dr. Boris Itkin	Omán
2	Desmoplastic small round cell tumor	Dr. Fernando Campos	Brazil
3	Maxillary osteosarcoma	Dr. Soulé Tomás	Argetnina
4	Angiosarcoma	Dra Eliza Ramirez	Paraguay
5	GCT	Dr. Pablo Segura	Argentina



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**SELNET**



# Virtual MDT Board

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

May 2024



# Virtual MDT Board

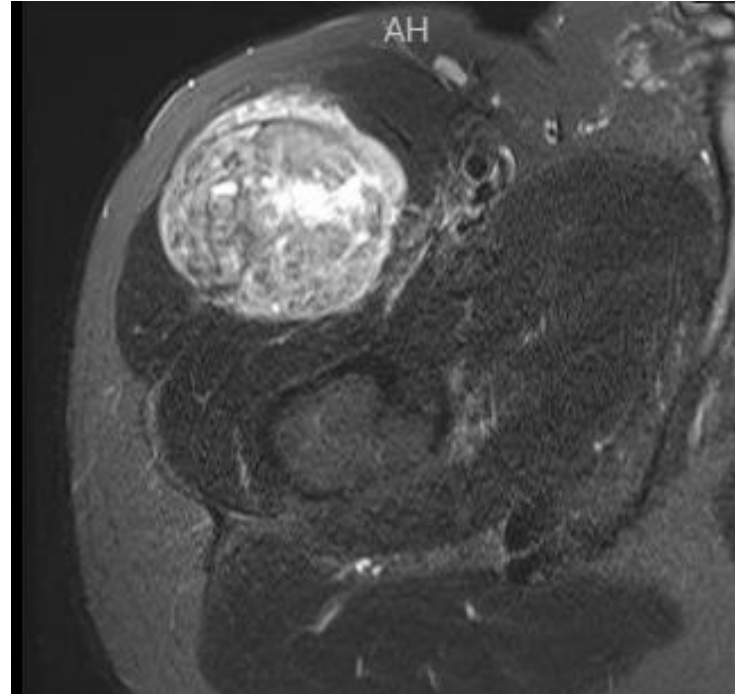
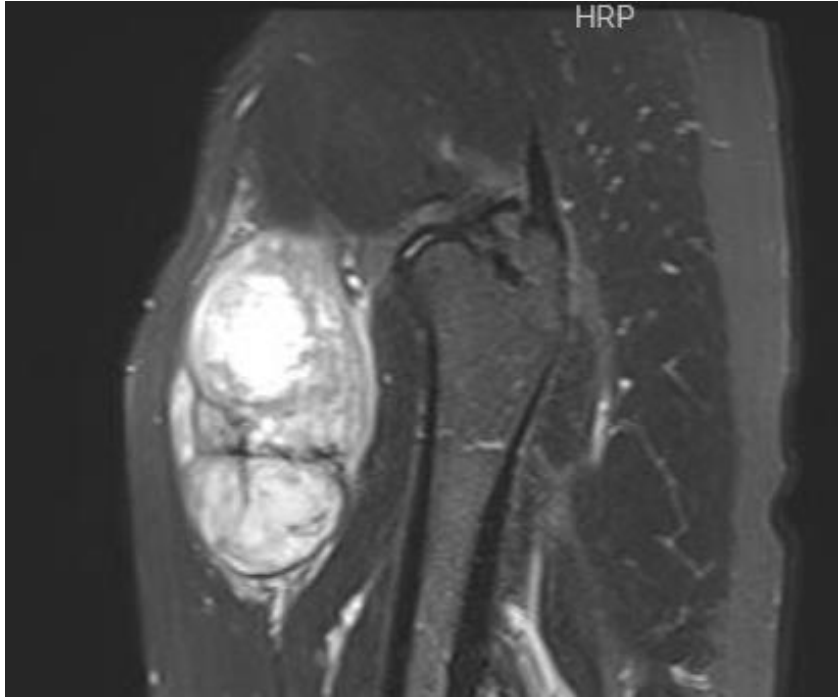
- 52 yo male
- No comorbidities

## **ONCOLOGICAL SUMMARY:**

- Sept 2023: Progressively growing mass in the right thigh. He reports mild discomfort in the area. No other symptoms.
- Feb 2024: MRI - Solid and heterogeneous expansive formation, centered in the intramuscular planes of the proximal third of the thigh, next to the muscular belly of the rectus femoris, with heterogeneous contrast enhancement, measuring approximately **12.5 x 7.0 x 6.5 cm ( CC x LL x AP)**. **It presents some areas of spontaneous high signal on T1, which may represent hematic content/necrosis.** There is also a slight edema of the adjacent muscular planes.
- April 2024: Chest CT – no metastasis
- April 2024: PET-CT – FDG uptake only in the thigh mass SUV 16.3.



# Virtual MDT Board



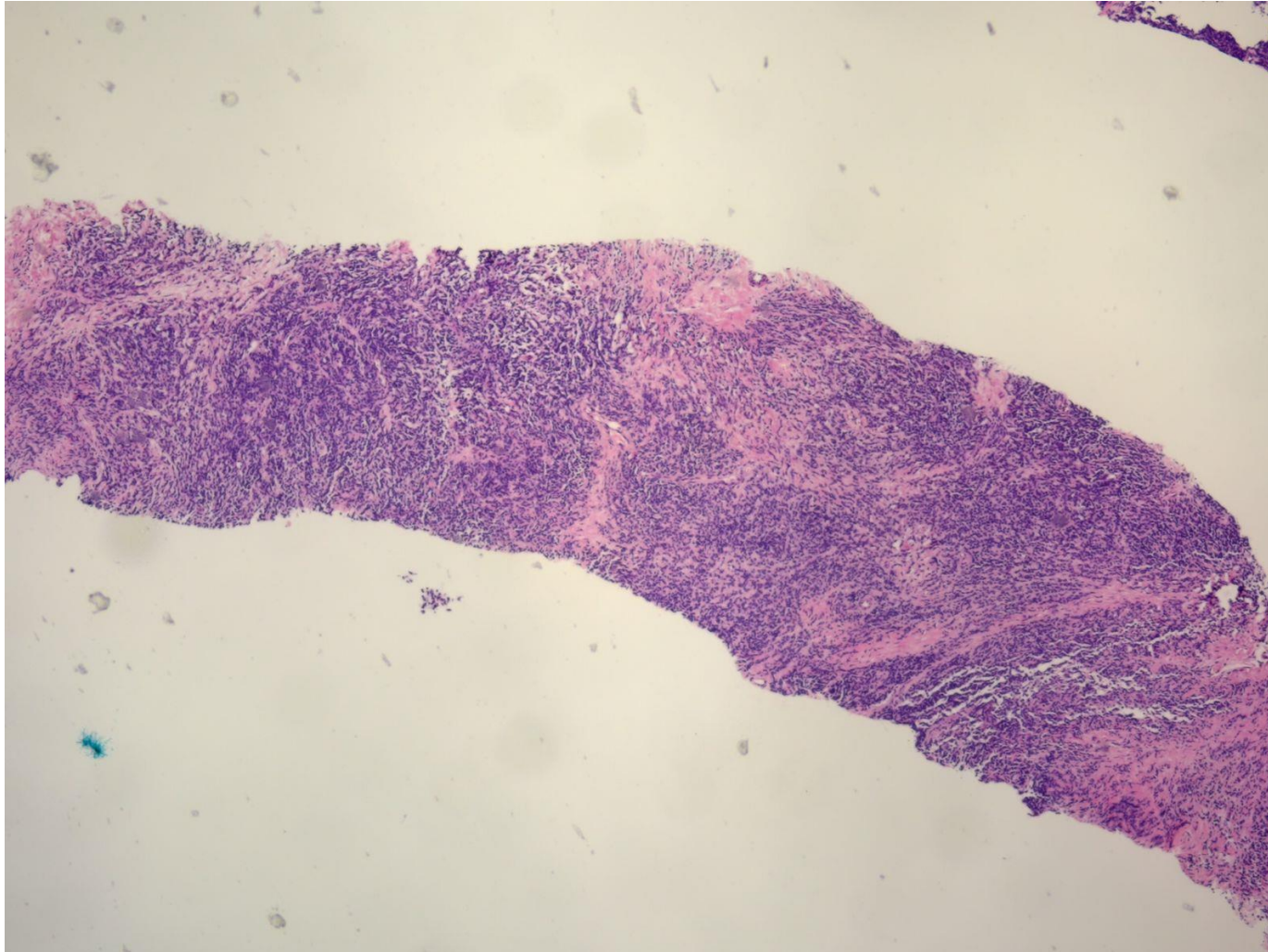


# Virtual MDT Board

- March 2024: Biopsy – Undifferentiated small cell sarcoma, which may correspond to desmoplastic small round cell tumor.
  - Patient was being treated in another hospital – a DNA methylation profiling test was requested
- April 2024: patient come to our hospital for 2nd opinion and treatment. Pathology diagnosis review was performed, also corroborating desmoplastic small round cell tumor.
- April 2024: DNA methylation profiling test consistent with DSRCT.



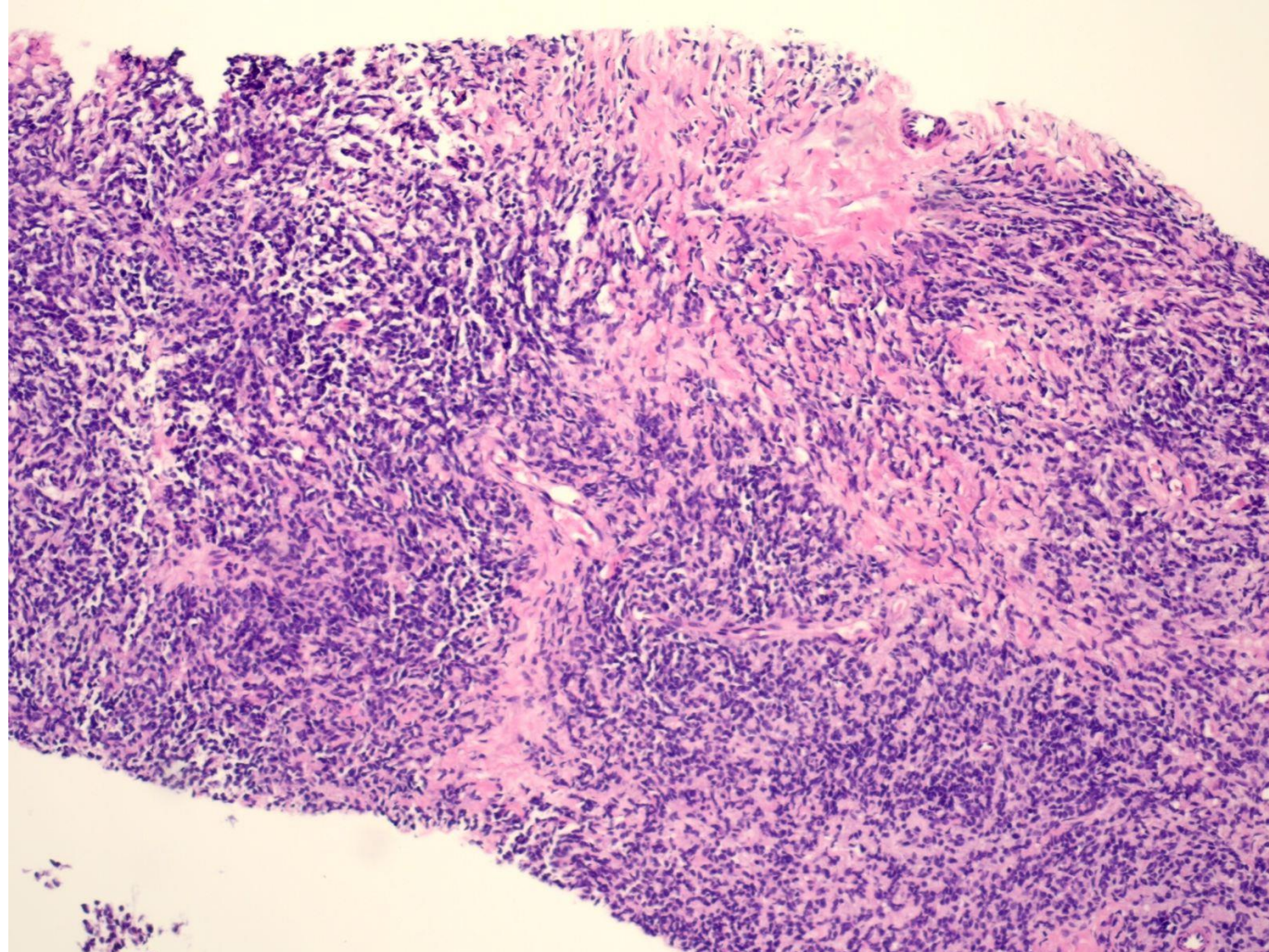
# Virtual MDT Board





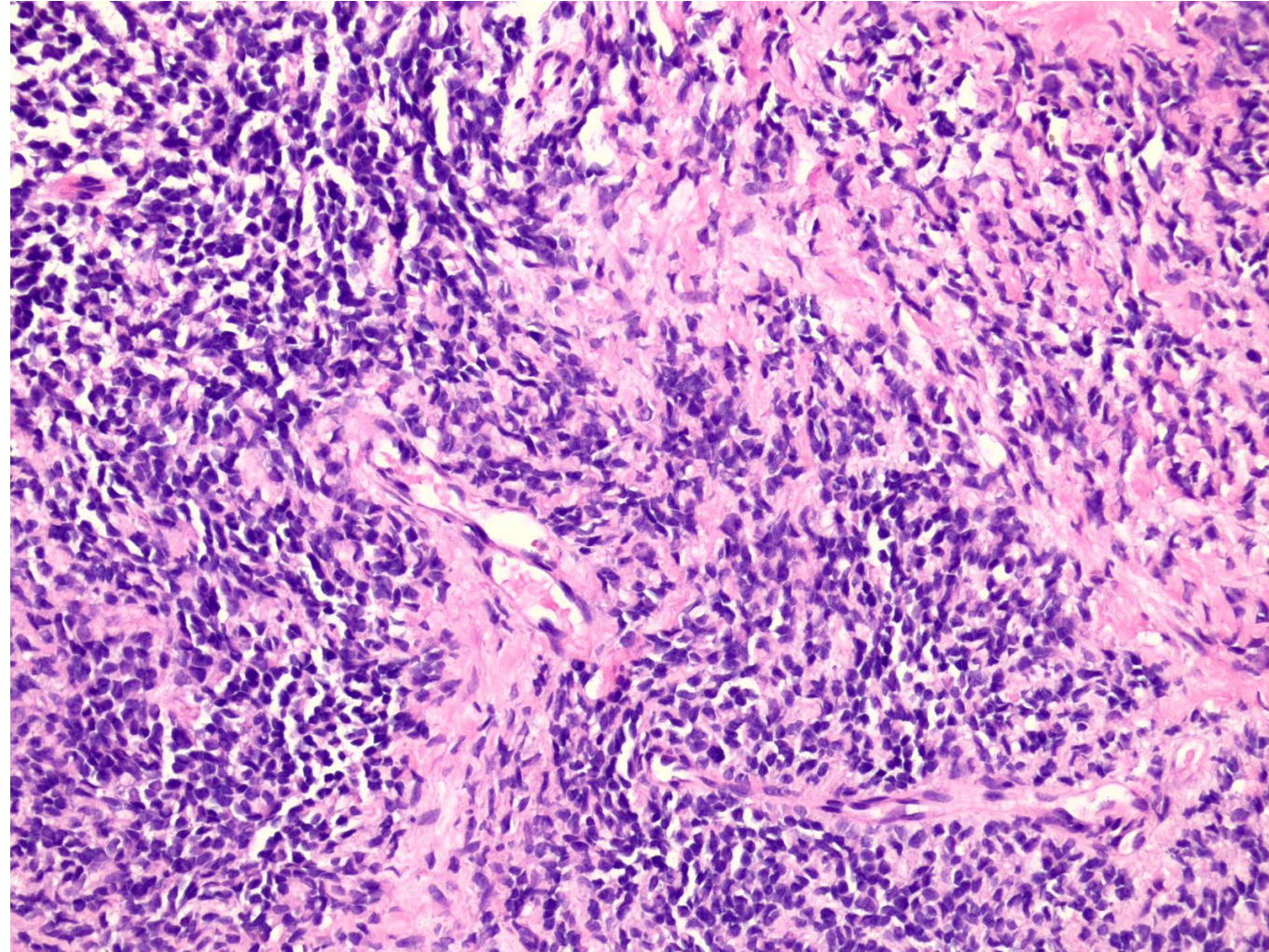


# Virtual MDT Board



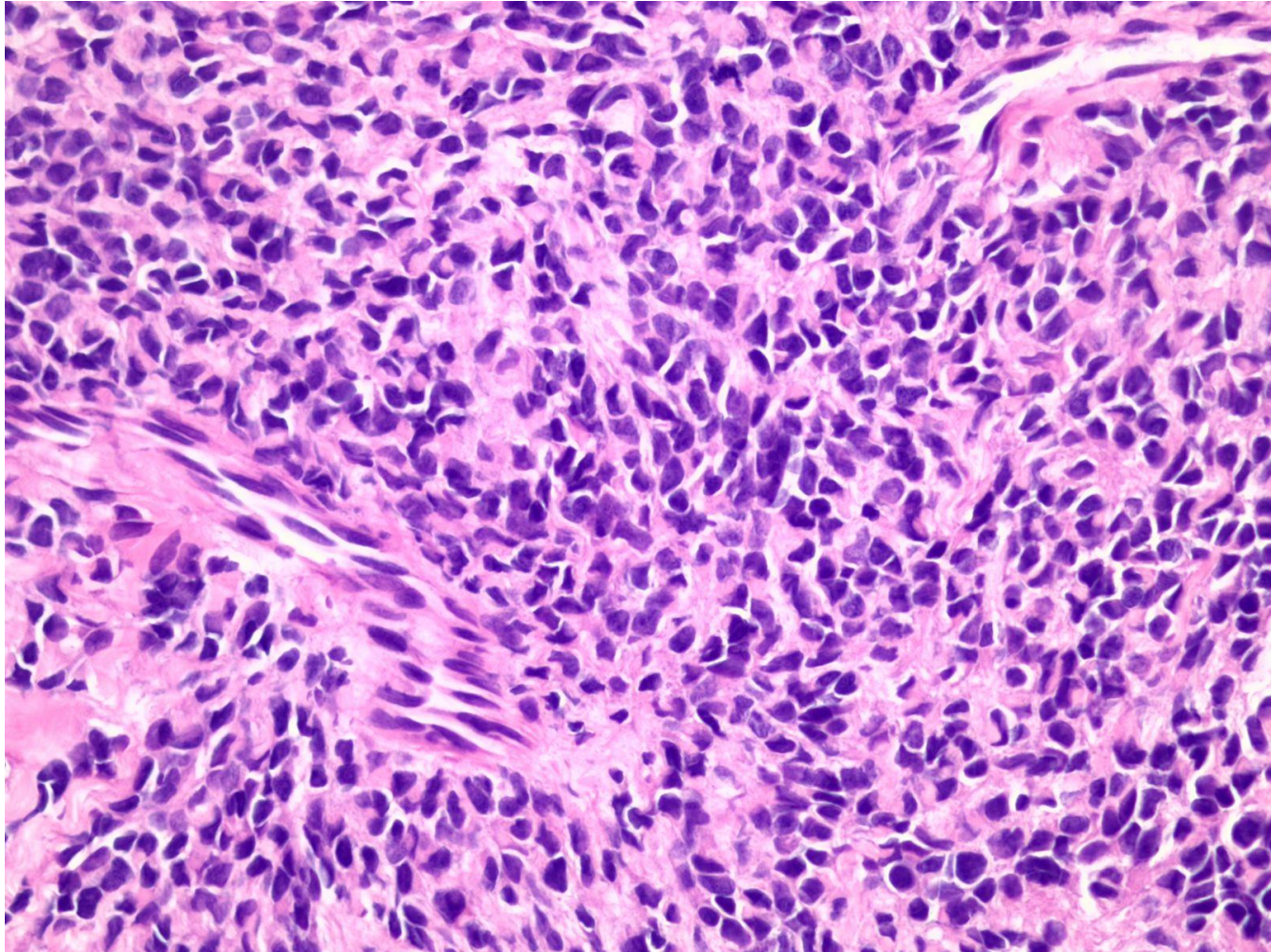


# Virtual MDT Board



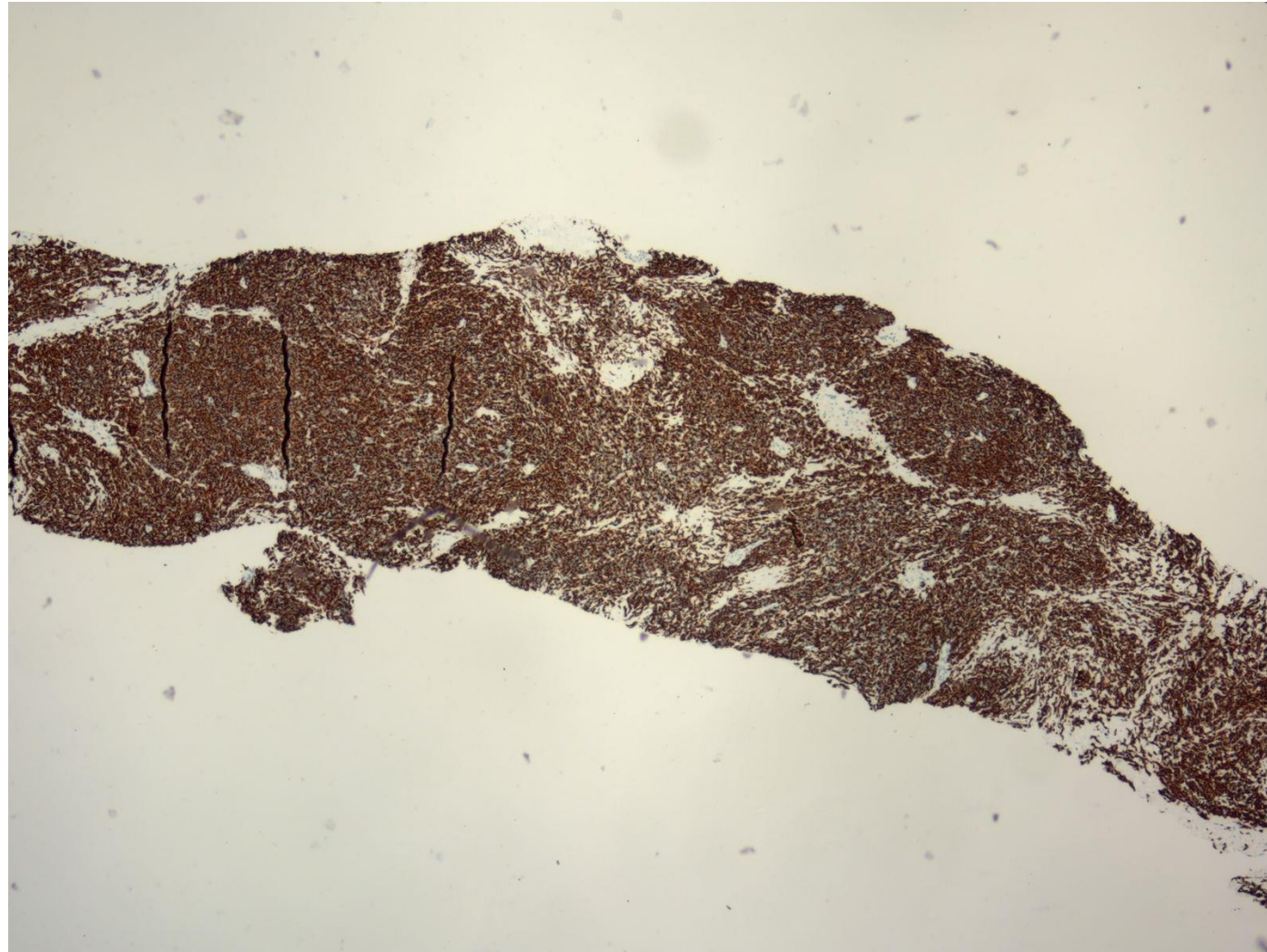


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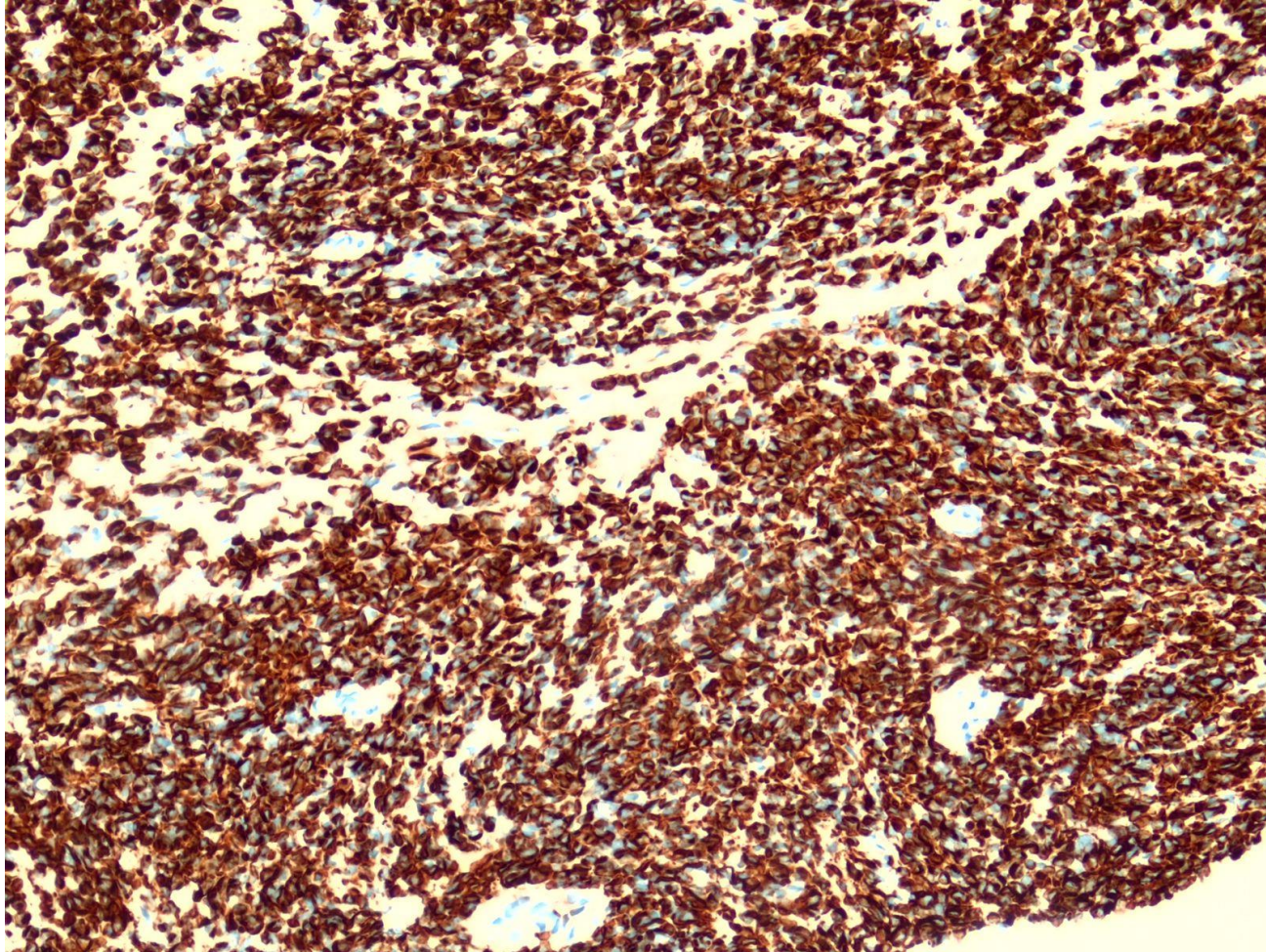


# Virtual MDT Board





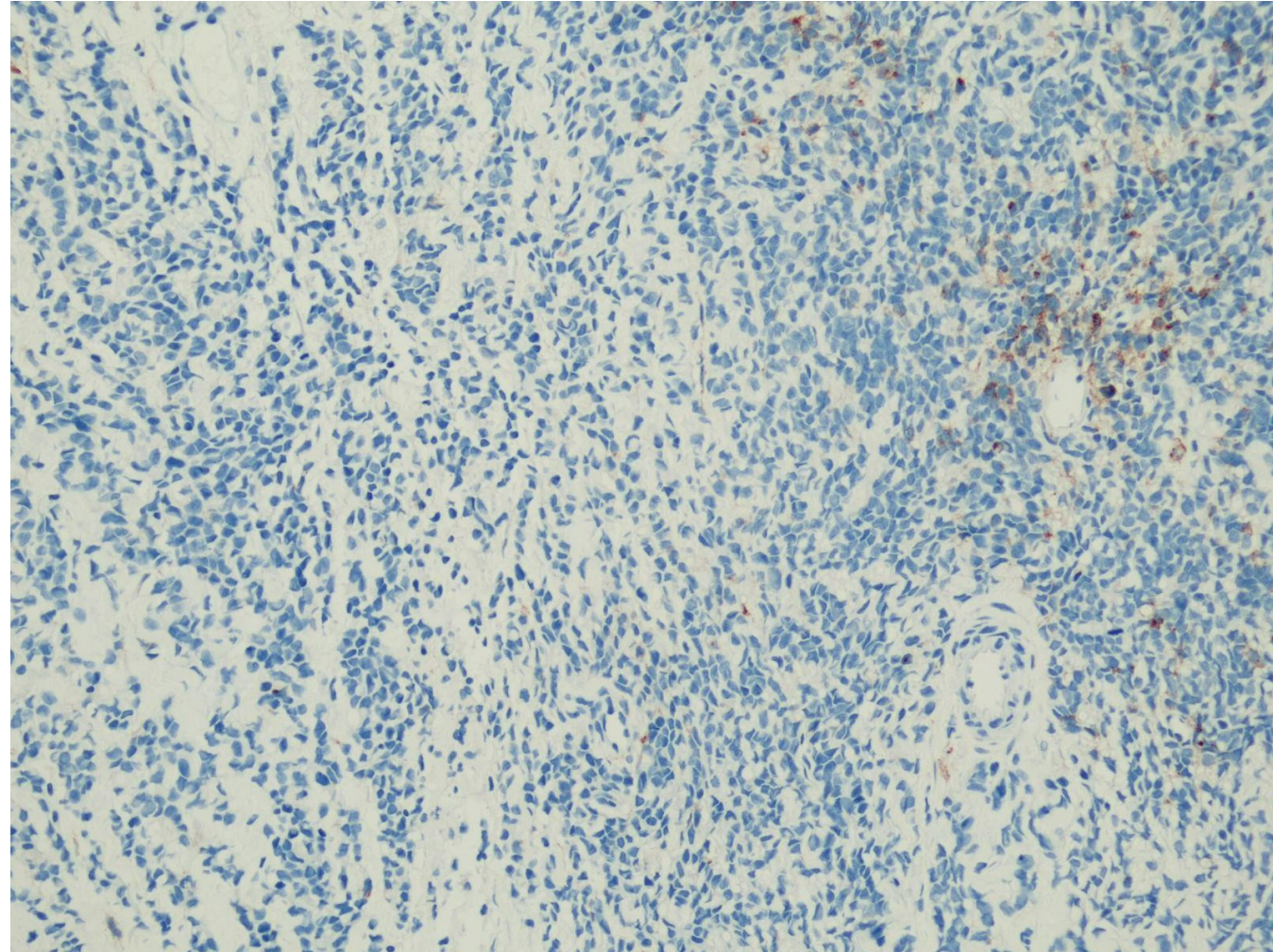
# Virtual MDT Board



Desmin



# Virtual MDT Board



EMA



## Immunohistochemistry

### **Anticorpo (Clone-Fabricante): Resultado**

Actina de músculo liso (1A4-Cell Marque): negativo nas células neoplásicas.

Desmina (DER11-Ventana): positivo forte e difuso nas células neoplásicas.

Miogenina (F5D-Cell Marque): negativo nas células neoplásicas.

MyoD1 (5.8A-Dako): negativo nas células neoplásicas.

Citoceratinas AE1/AE3 (AE1AE3/PCK26-Ventana): negativo nas células neoplásicas.

EMA (E29-Ventana): positivo focal nas células neoplásicas.

CD34 (Qbend10-Ventana): negativo nas células neoplásicas.

CD45/LCA (RP2/18-Ventana): negativo nas células neoplásicas.

WT-1 (6F-H2-Cell Marque): negativo nas células neoplásicas.

Cromogranina A (LK2H10-Ventana): negativo nas células neoplásicas.

Sinaptofisina (SP11-Cell Marque): negativo nas células neoplásicas.

Proteína S-100 (4C4.9-Ventana): negativo nas células neoplásicas.

CD99 (O13-Ventana): positivo fraco e focal nas células neoplásicas.

NKX2.2 (EP336-Cell Marque): negativo nas células neoplásicas.

BCOR (C-10-Santa Cruz): negativo nas células neoplásicas.

INI1 (BAF47-BD): expressão preservada nas células neoplásicas.

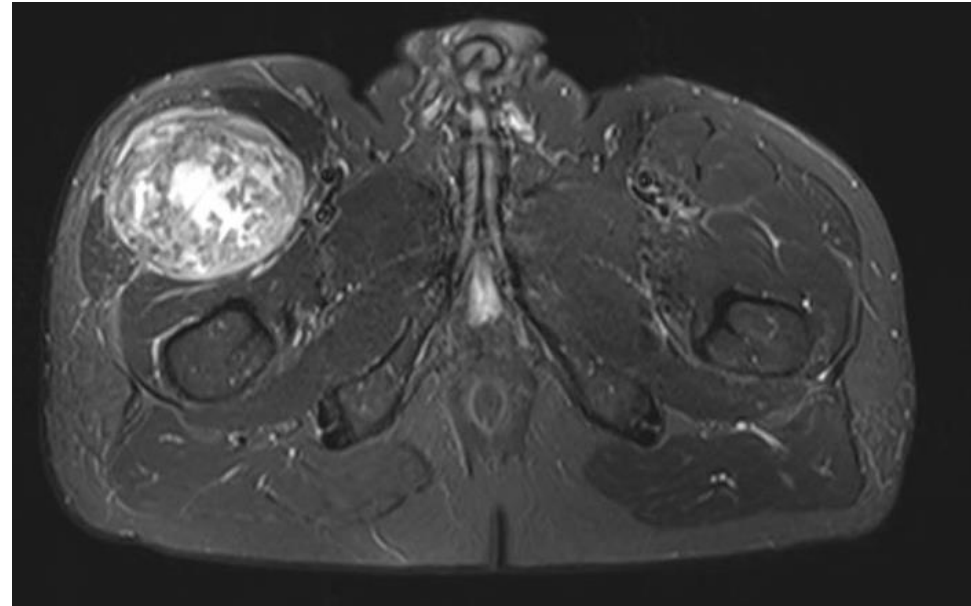
TLE-1 (1F5-Cell Marque): positivo fraco nas células neoplásicas.

SSX (E5A2C-Cell Signaling): negativo nas células neoplásicas.

Ki-67 (MIB-1-Dako): positivo em 40% das células neoplásicas.



# Virtual MDT Board







# Virtual MDT Board

## DISCUSSION

Unusual presentation of a DSRCT located in the thigh in a 52 yo male patient. No metastasis.

How would you plan the treatment of this patient?

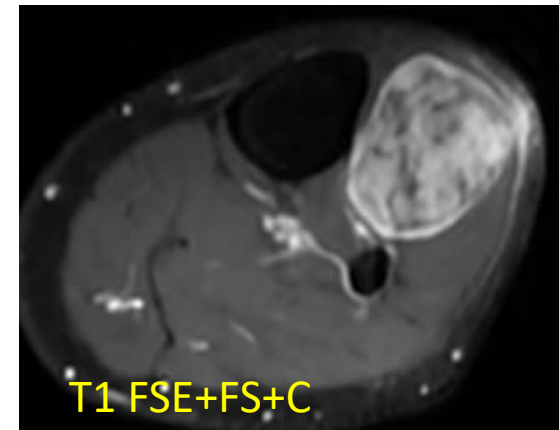
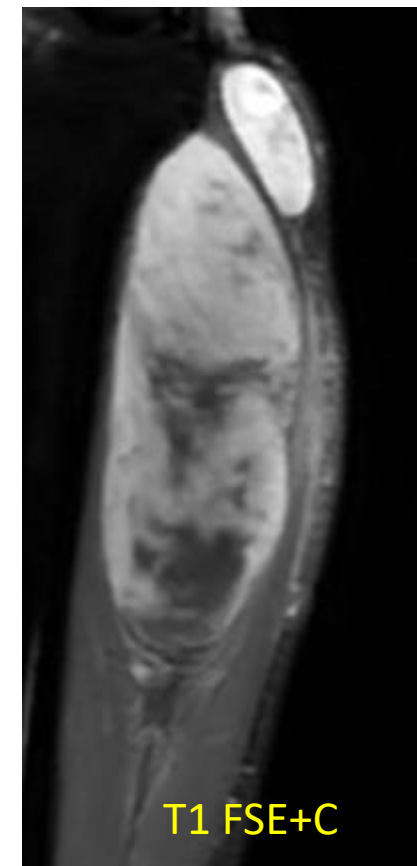
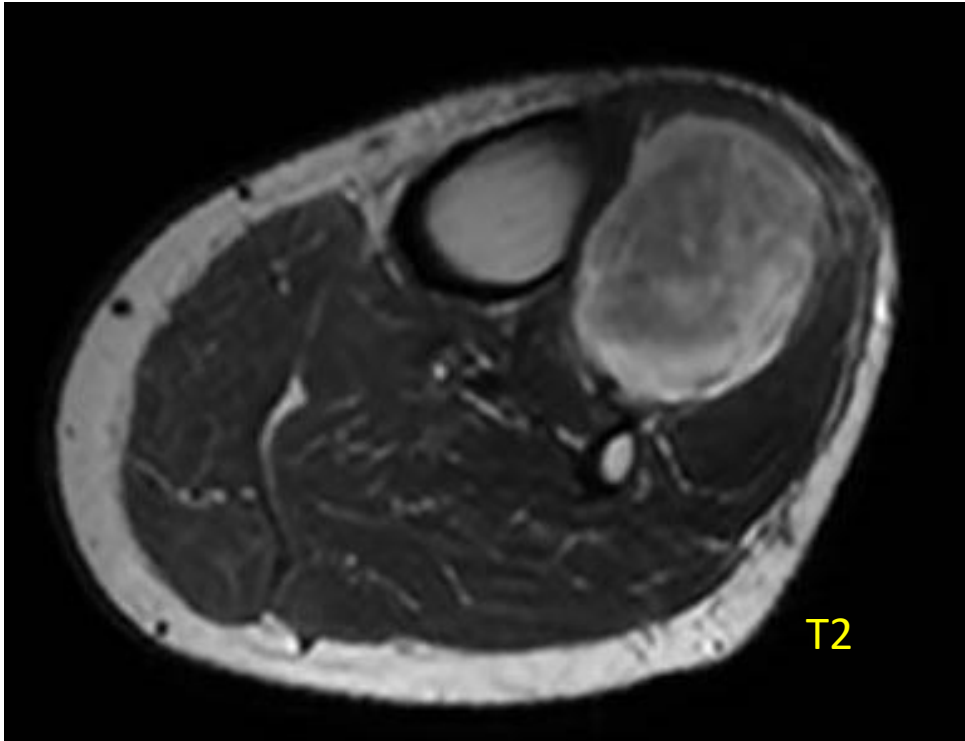


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Male, 58

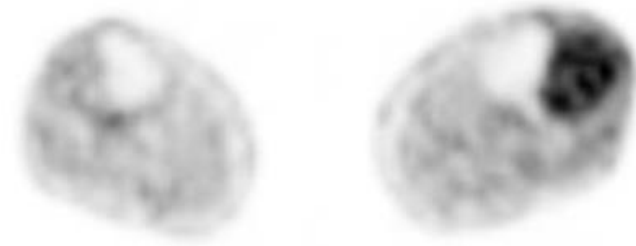
- **Diagnosis:** Locally Advanced Left Leg Myxoid LPS
- **Comorbidities:**
  - DM, insulin dependent since the age of 40
  - Never smoker
- **Present Illness:**
  - Left leg swelling for five months, progressively. Recently, he started noticing a deformity in the form of mild rotation of the left leg. The knee function is not affected but it is tender on moderate exertion or climbing stairs. No associated pain or limitation of movement.
  - Investigated outside:
- **PS-0 ECOG**

- 25 March 2024: [MRI left leg](#) revealed a well-defined fusiform lesion, 14 x 13 cm, heterogeneous appearance on T2. On T1 there is focal areas of fat signal intensity at the caudal part of lesion. One subcutaneous component showing post contrast enhancement mostly cystic. Located in tibialis anterior muscle, closely abutting anterior Tibial artery and Nerve tibia but no infiltration of bone at this level



- Staging PET-CT:

- FDG-avid mass
- Systemic staging is negative



- Summary: 58 y.o male with Myxoid LPS of the left leg T3 N0 M0 G3

- Sarculator

- 5-year OS 74%
- 10-year OS 63%
- 5-year DM 37%
- 10-year DM 41%

- Question to the Board? What is the best initial management?

# Question to the Borad

- What is the best initial management?



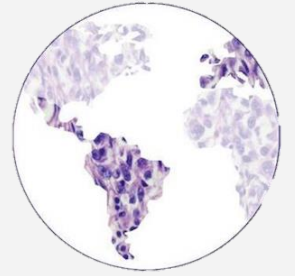
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35 años

Medical  
history

35 y/o male

No medical history



11/2023

NOTICE a small nodule  
below the lower dental  
arch

He says that it is  
something similar to a  
grain of rice.

12/2023

He reports rapid growth of  
the lesion, so he consults his  
dentist.



01/2024

Biopsy: maxillary osteosarcoma with predominance  
of osteoblastic and fibroblastic pattern, infiltration of  
oral mucosa

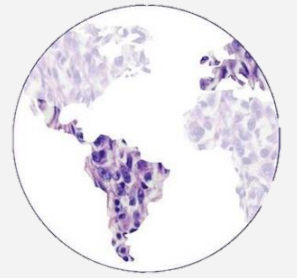


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01/2024

Biopsy: maxillary  
osteosarcoma with  
predominance of osteoblastic  
and fibroblastic pattern,  
infiltration of oral mucosa

02/2024

1th first visit in  
Fleming:  
- New CT, MRI and  
Pathology review

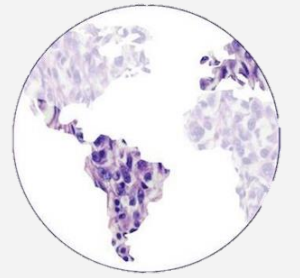


35 años

Medical  
history

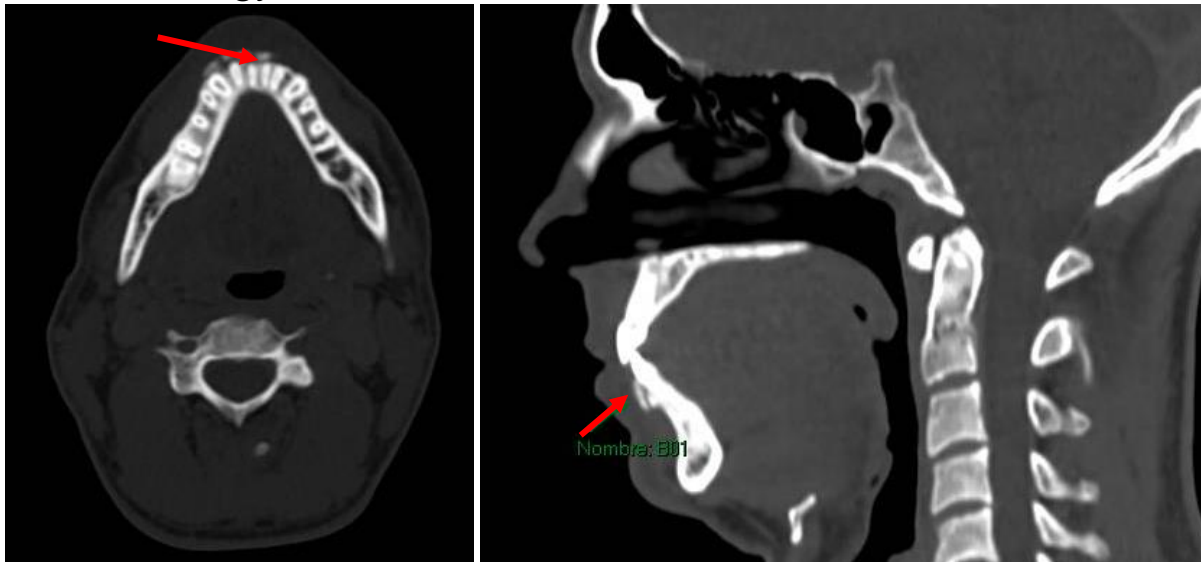
35 y/o male

No medical history



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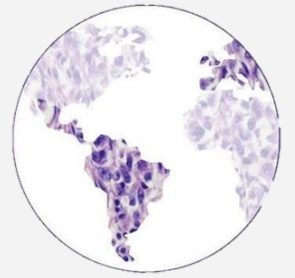


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Medical  
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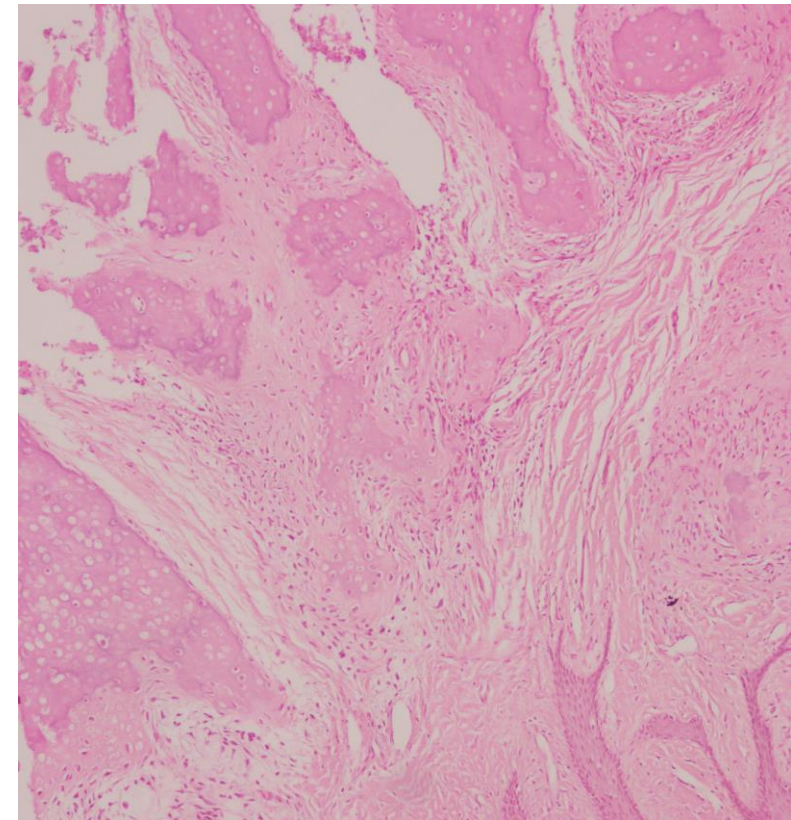
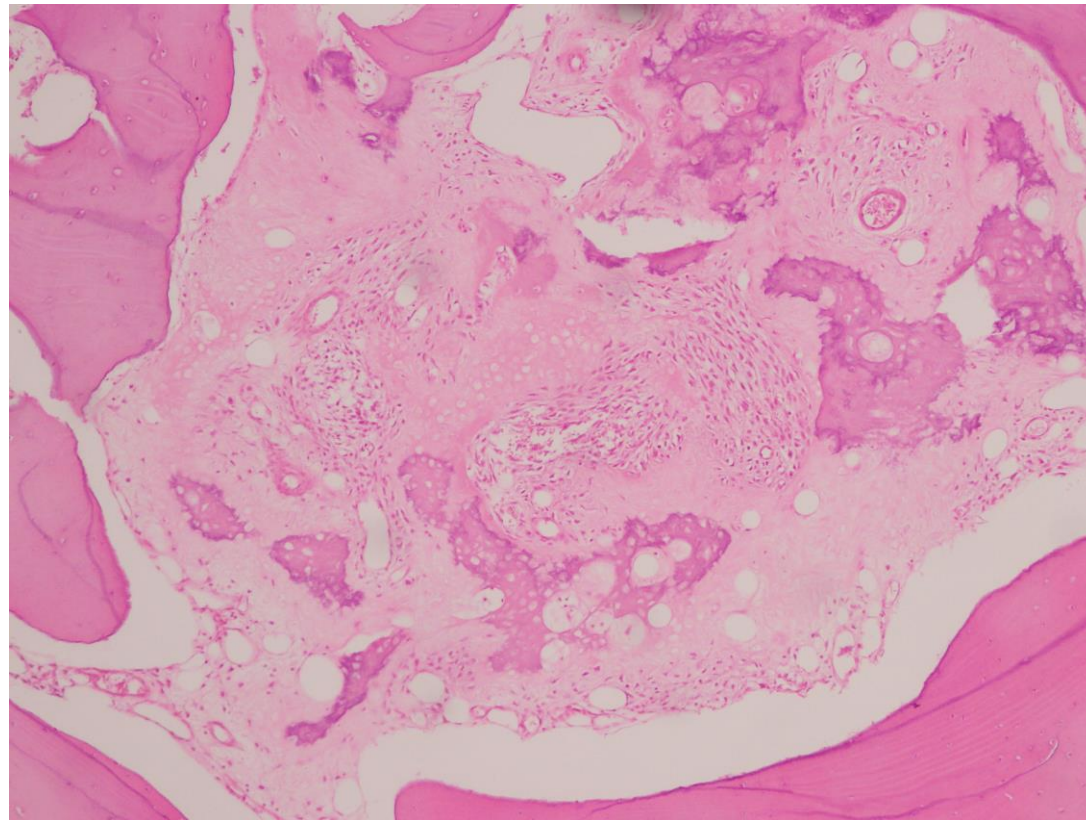
36 y/o male

No medical history



02/2024

1th first visit in  
Fleming:  
- New CT, MRI and  
Pathology review

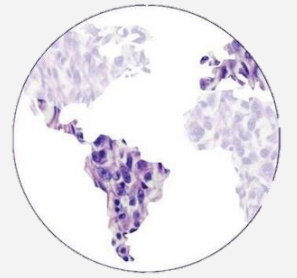


35 años

Medical  
history

35 y/o male

No medical history



22 Feb

3 Mar

26 Mar

02/2024

We discuss the case in our weekly MDT: upfront surgery vs neoadjuvant chemotherapy

The patient rejects immediate surgery because he had been **planning his wedding** for the end of February (real world things)



Doxo-Cis

Doxo-Cis

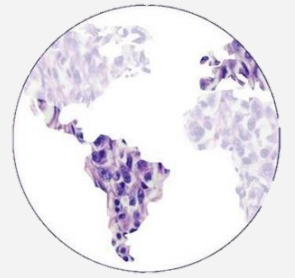


35 años

Medical history

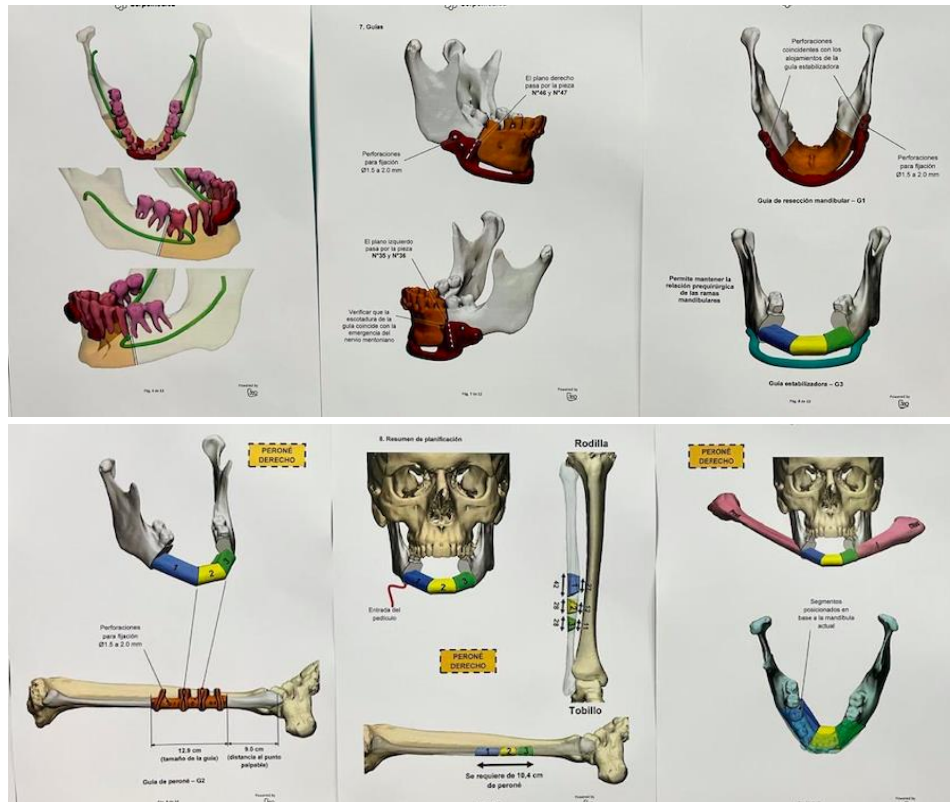
35 y/o male

No medical history



11/04/24

The surgery was planned

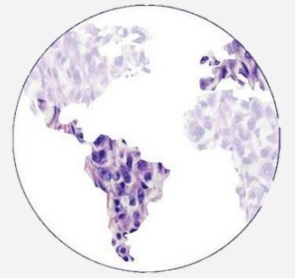


35 años

Medical history

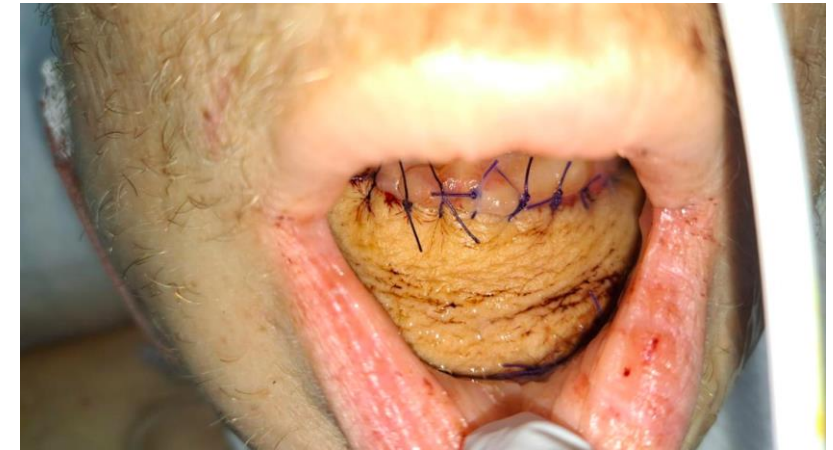
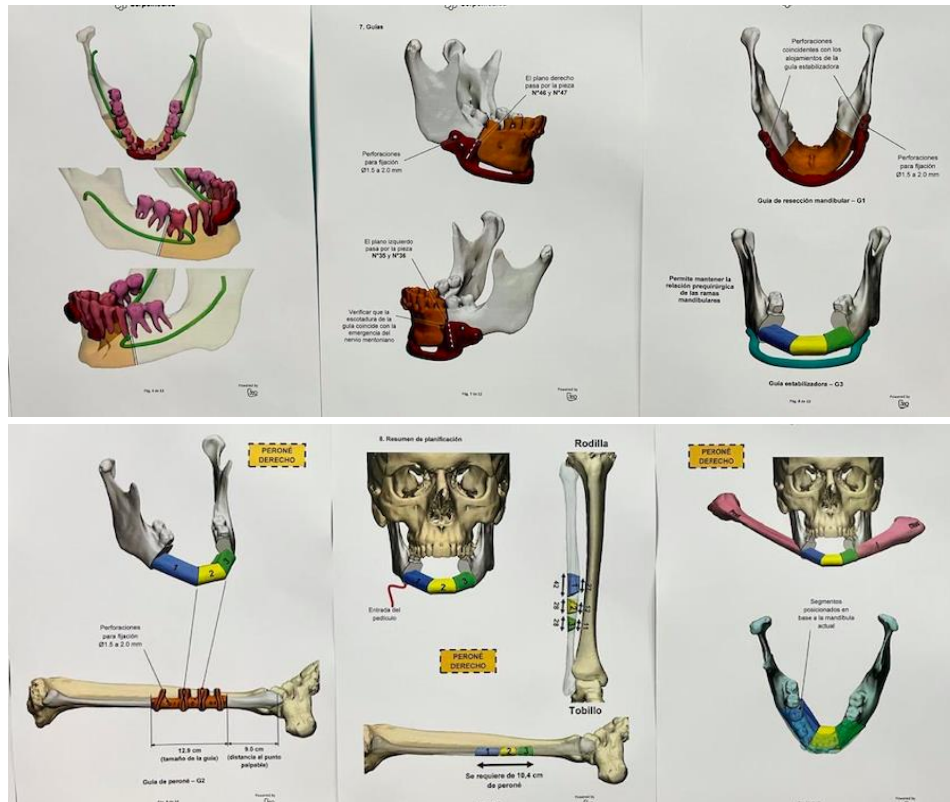
35 y/o male

No medical history



11/04/24

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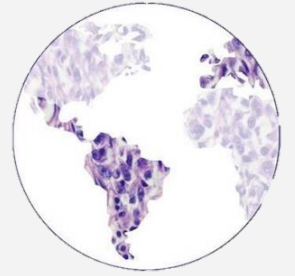


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Medical  
history

35 y/o male

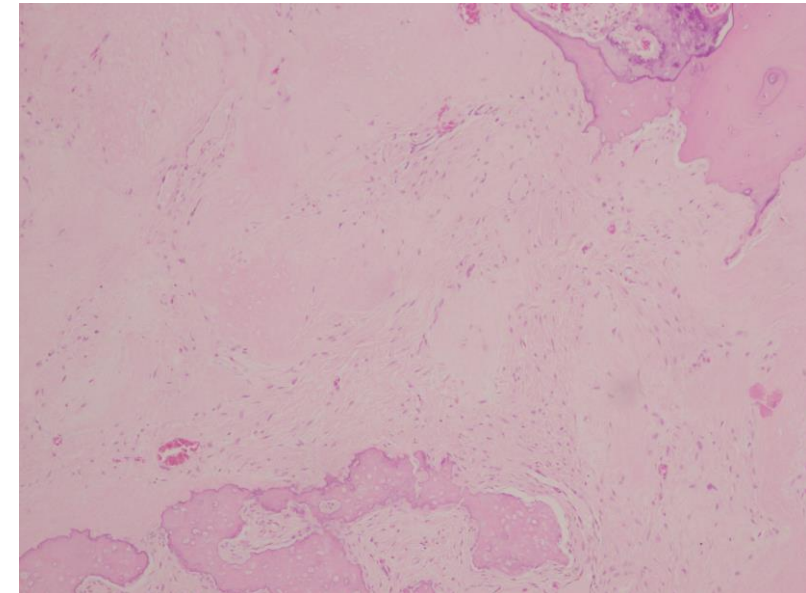
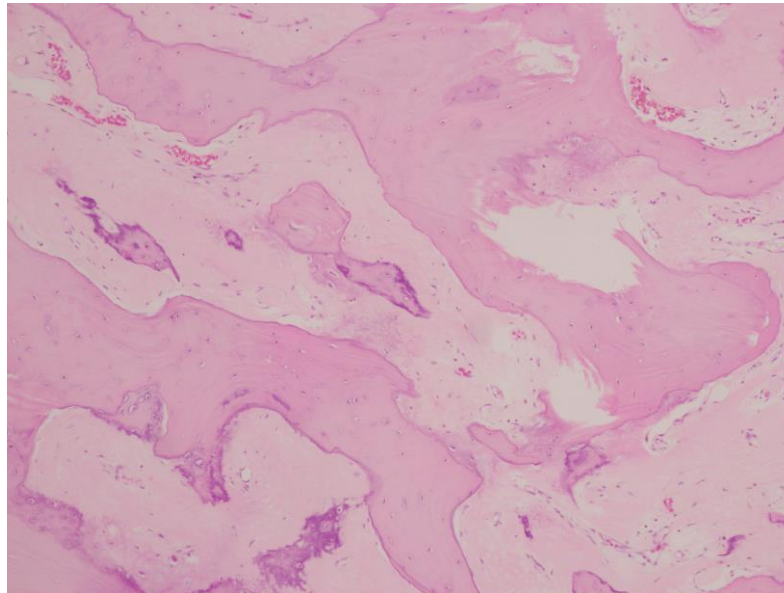
No medical history



11/04/24

Pathology report:

- Osteosarcoma with  $>90\%$  of necrosis

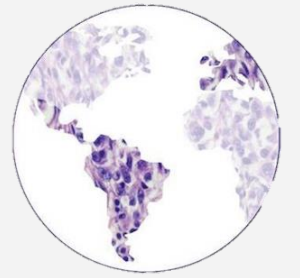


**35 años**

Medical  
history

35 y/o male

No medical history



## Questions to the MDT:

- experiences with these tumors
- adjuvant radiotherapy?
- control?





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# SELNET



SELNET INTERNATIONAL  
TUMOR BOARD – MAY 2024.

ANGI  
STITU



# CLINICAL HISTORY

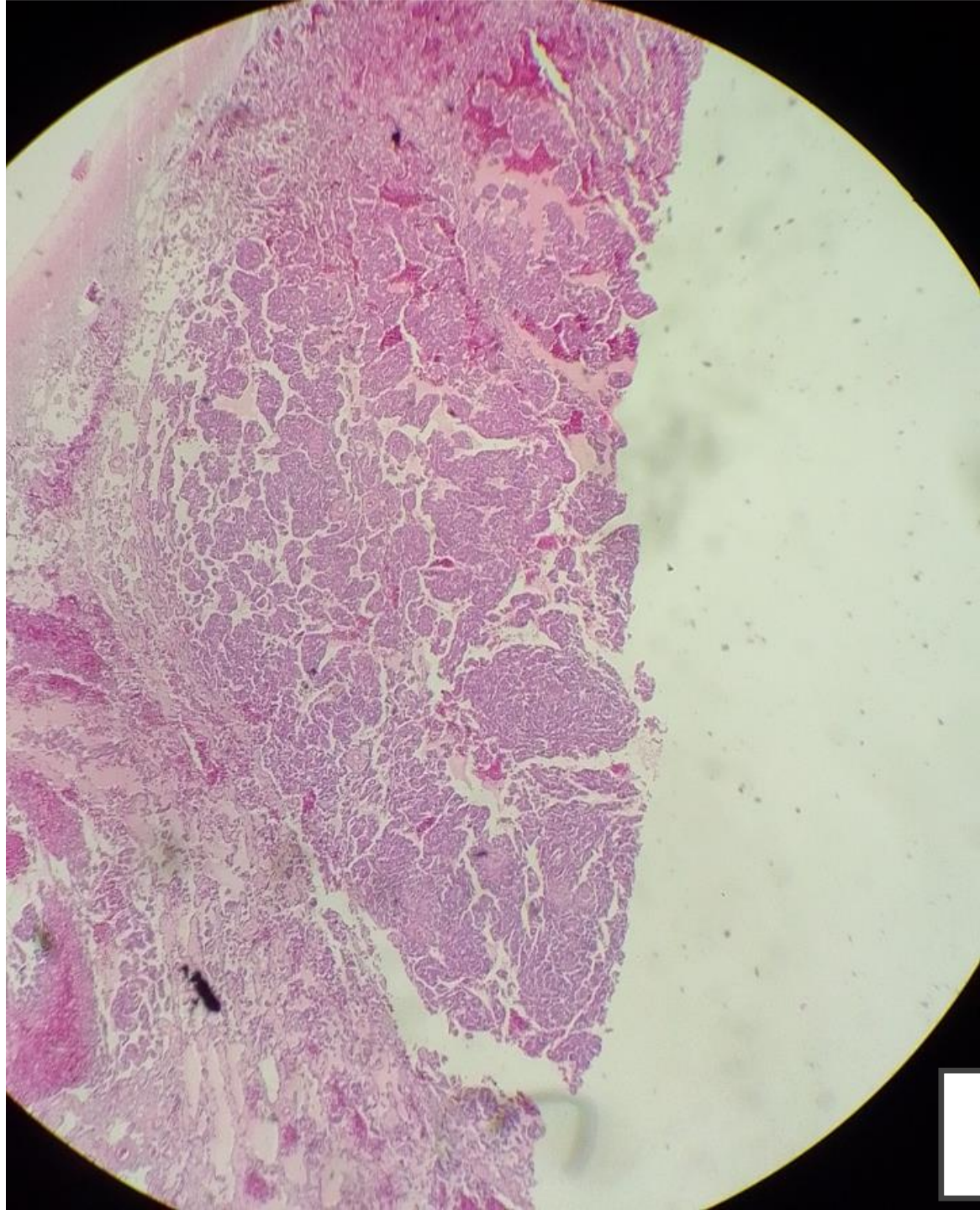
- 28 yo female
- ECOG 2
- The patient came to our center on 03/01/2023 due to a 6-month history of a growing mass in the right breast.
- On physical examination, a 5 cm mass of solid consistency was found at the junction of the upper external quadrants, it was painful on palpation and no lymphadenopathy was found.



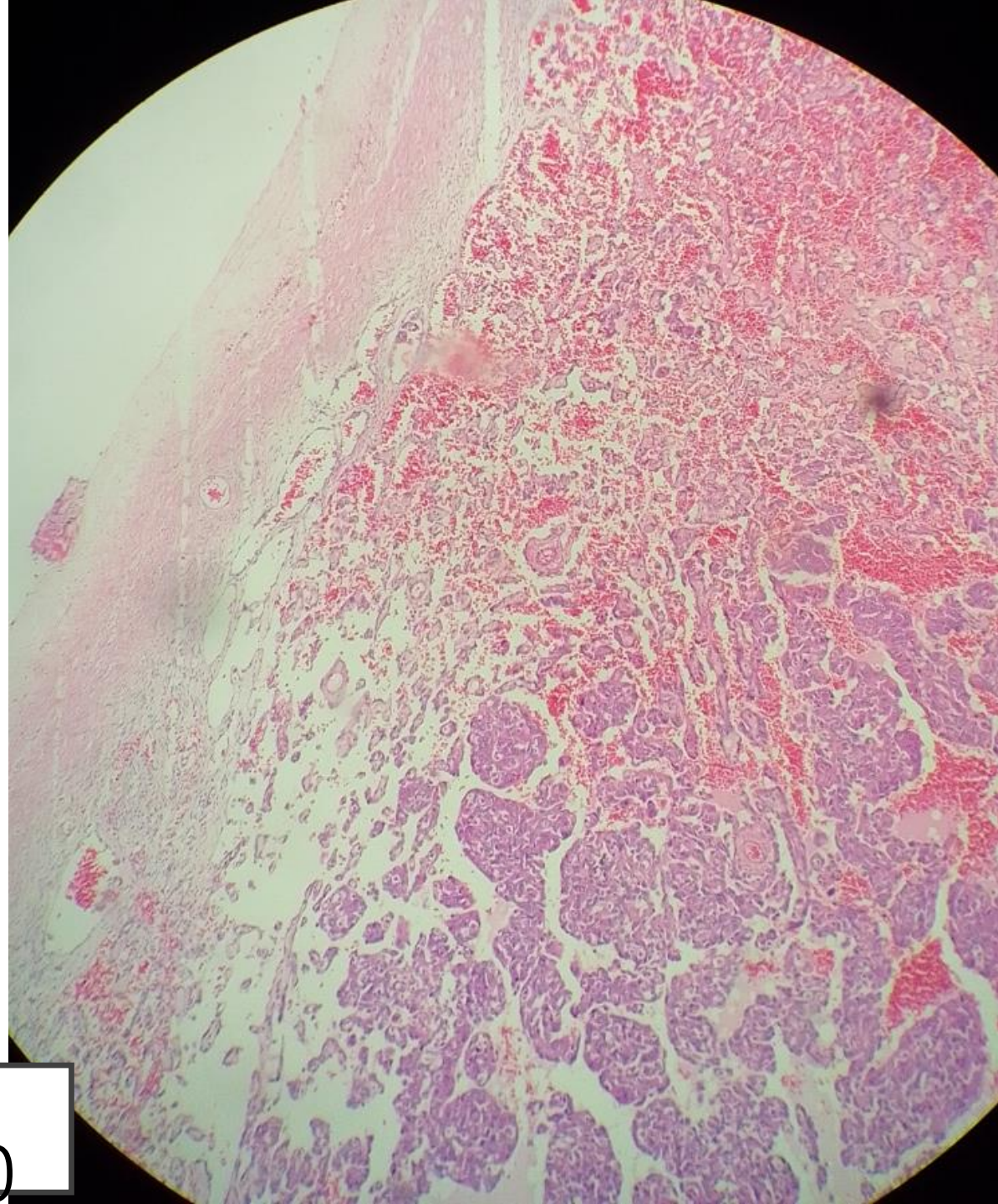
- An ultrasound-guided biopsy of the right breast mass was performed.
- **Pathology Report:**
- Vascular proliferation covered by endothelium showing minimal nuclear atypia, with anastomosing channels and areas of proliferation of the papillary endothelium.
- **IHC: AE1/AE3 **NEGATIVE** – CD31 **POSITIVE****
- **DX: *Low grade angiosarcoma of the right breast.***
  
- We discuss the case in multidisciplinary board at our center and decided a surgery consistent with a simple mastectomy performed in 25/05/23.

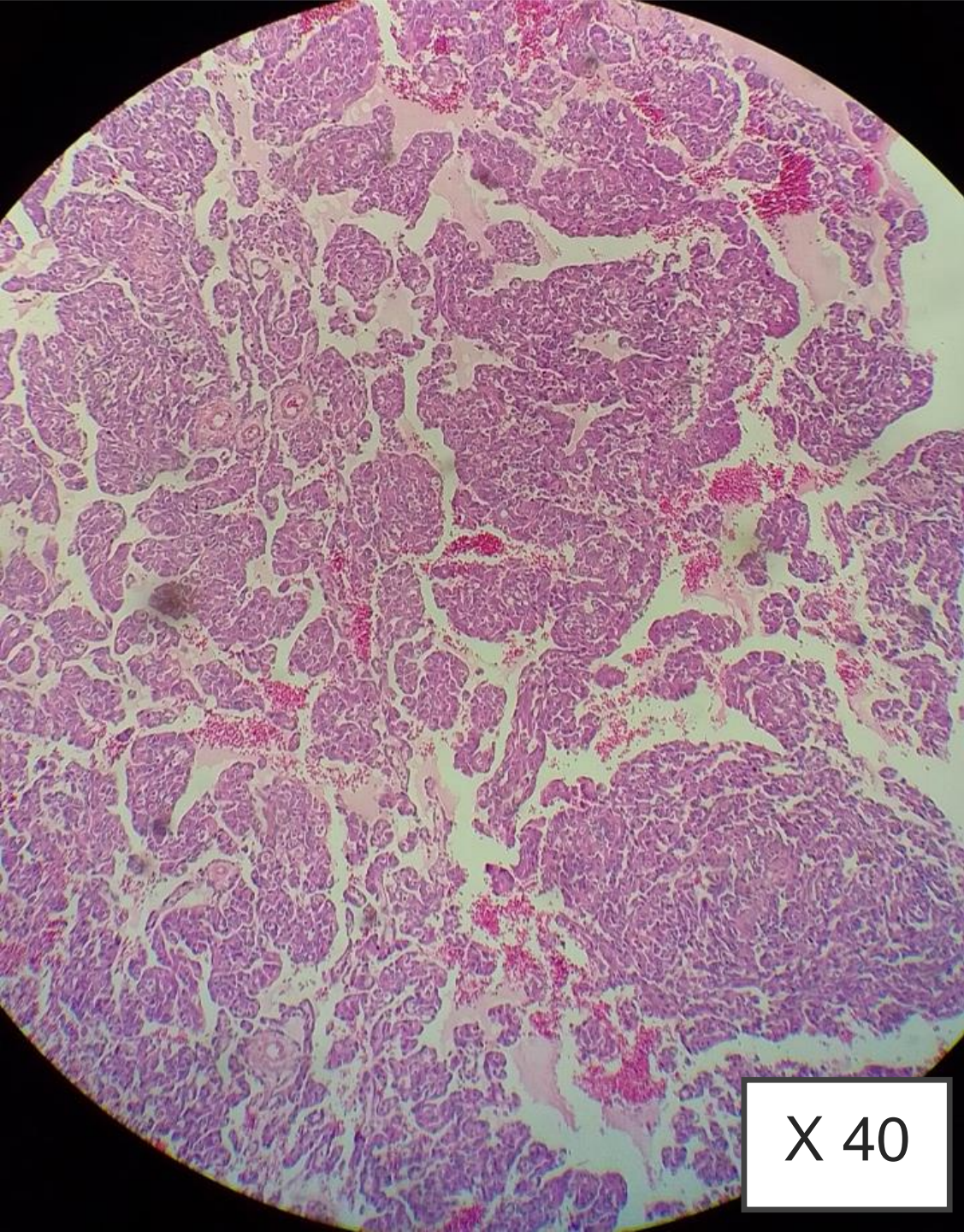


- After this surgery, the patient came again for follow-up and a CT scan was performed, observing a 140 mm mass replacing the right ovary and another of 95 mm replacing the left one, poorly defined, with diffuse images and compression of the uterus, suggested as secondary. In addition, osteolytic images were found in the spine at the dorsal and lumbar column.
- The case is discussed again in our sarcoma board and surgery is decided to excise the mass. Complete hysterectomy was performed on 12/15/2023.
- **Pathology Report of the Hysterectomy:**
- **Ovaries:** Metastasis of moderately differentiated angiosarcoma in both ovaries, with extensive infarct-like ischemic necrosis. It invades the hilum of both ovaries but does not invade the uterine tubes. Uterus and cervix without alterations. Findings similar to the known primary breast tumor.
- **IHC:** Negative for AE1/AE3, D240. Positive for CD31, CD34. Ki-67: 40%.

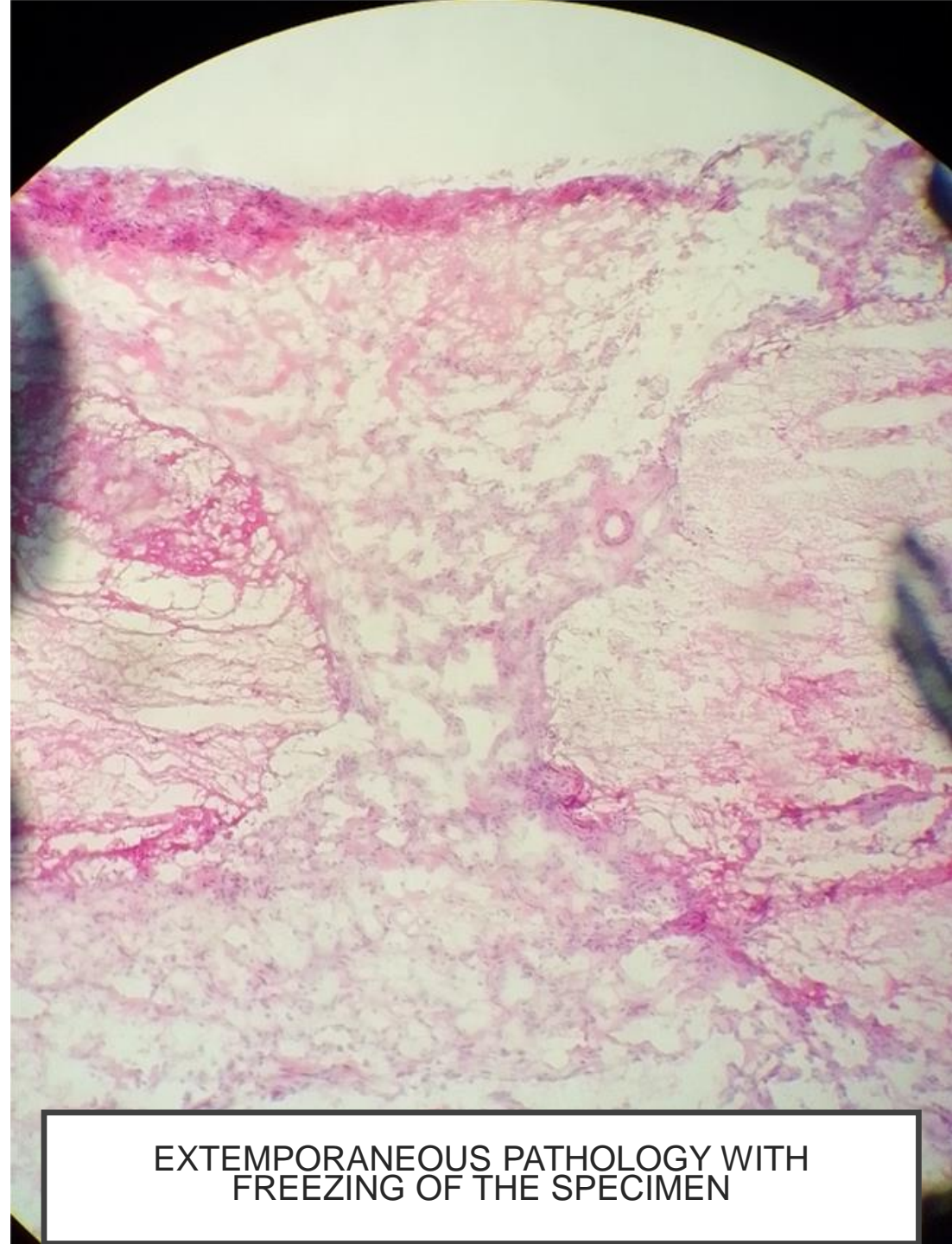


X  
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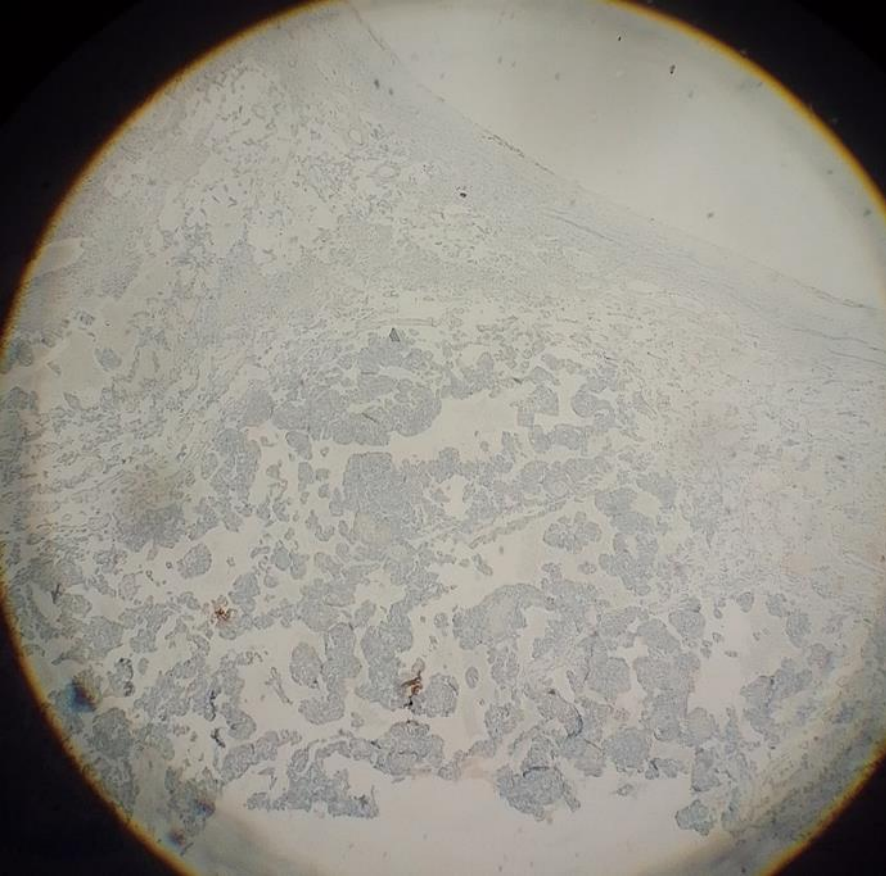




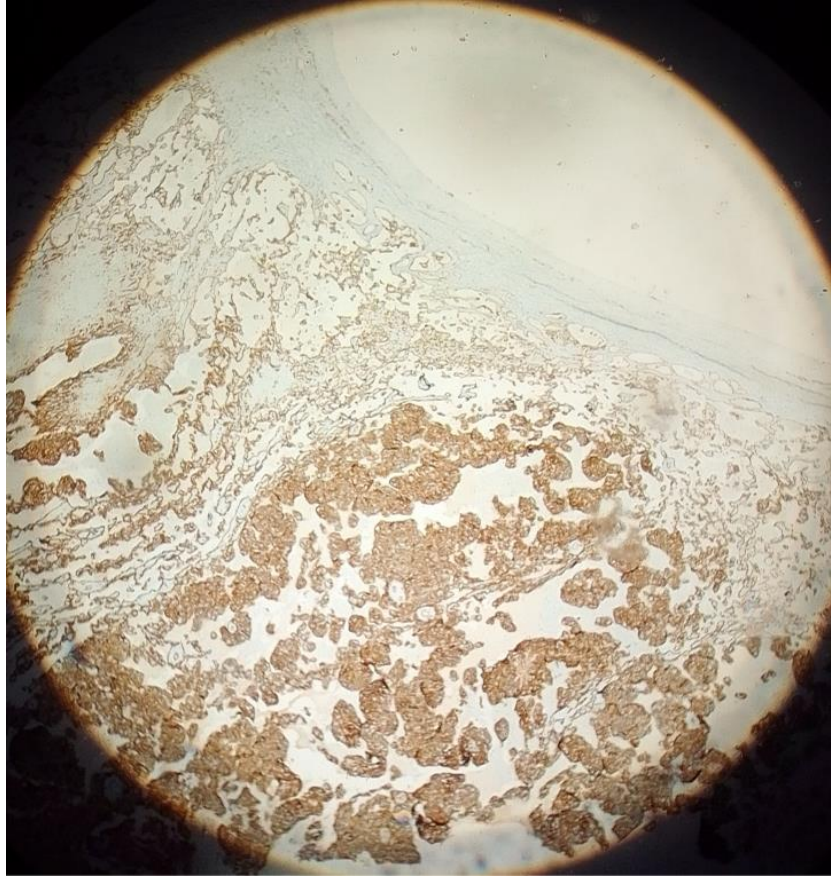
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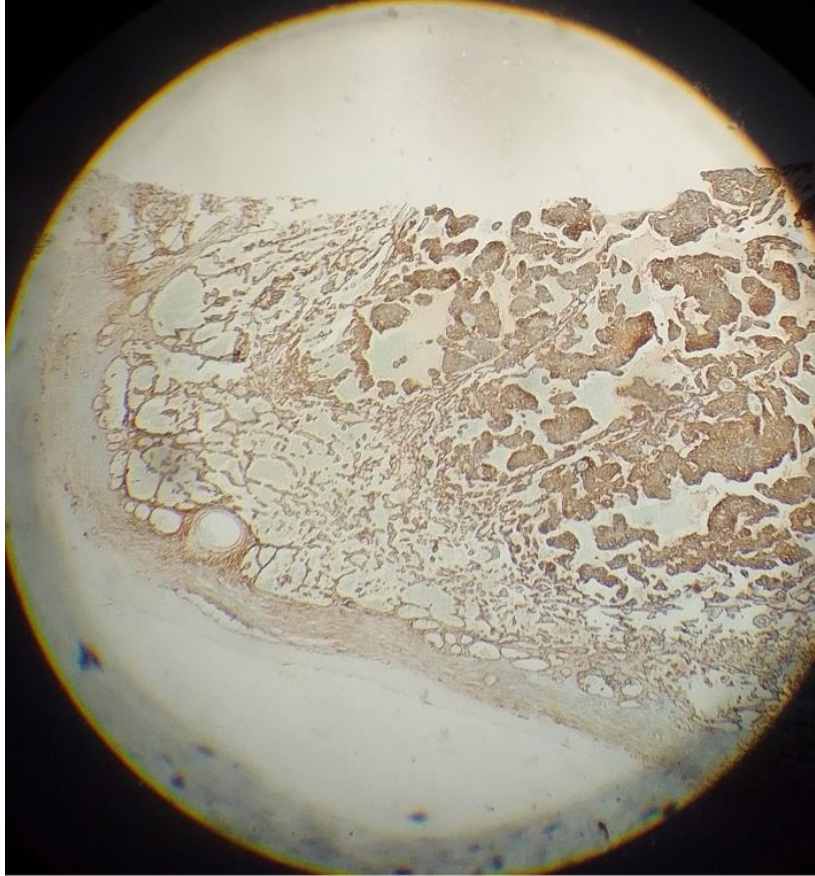
EXTEMPORANEOUS PATHOLOGY WITH  
FREEZING OF THE SPECIMEN



AE1/AE3:  
NEG-



CD34  
+



CD31  
+





- The patient underwent a bone scintigraphy which revealed multiple active bone lesions in the skull, the entire extension of the spine, bilateral costal arches, epiphysis of both humeri, sternal manubrium, sacrum and right sacroiliac joint.

- In the last consult, the patient presented a significant decrease in hemoglobin (15 g/dL), probably associated with bone metastases.



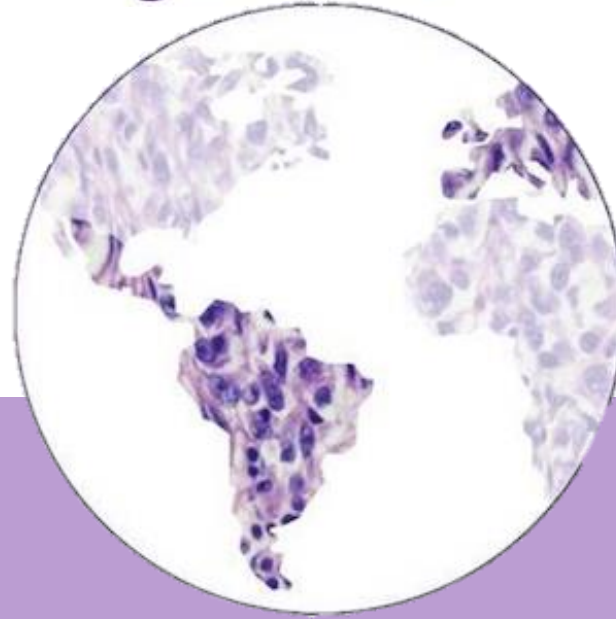
# DISCUSSION

- What can we offer to this patient as a treatment ?



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**SELNET**



# Virtual MDT Board

**F. Pablo Segura, MD**  
Orthopaedic Surgeon  
Unidad de Tumores Musculoesqueleticos  
Córdoba, Argentina



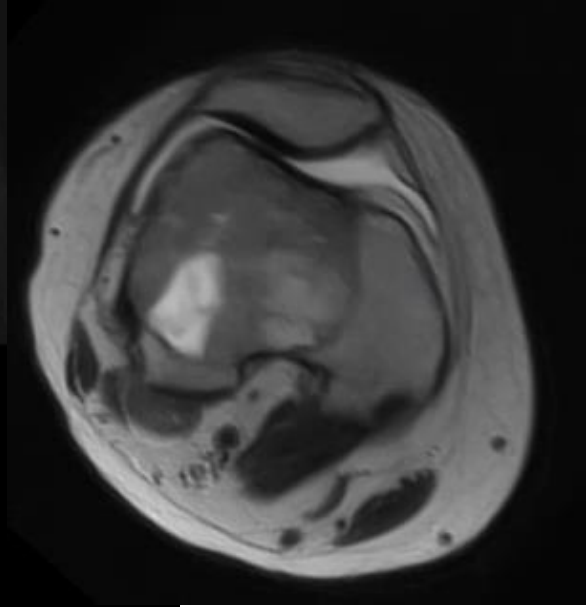
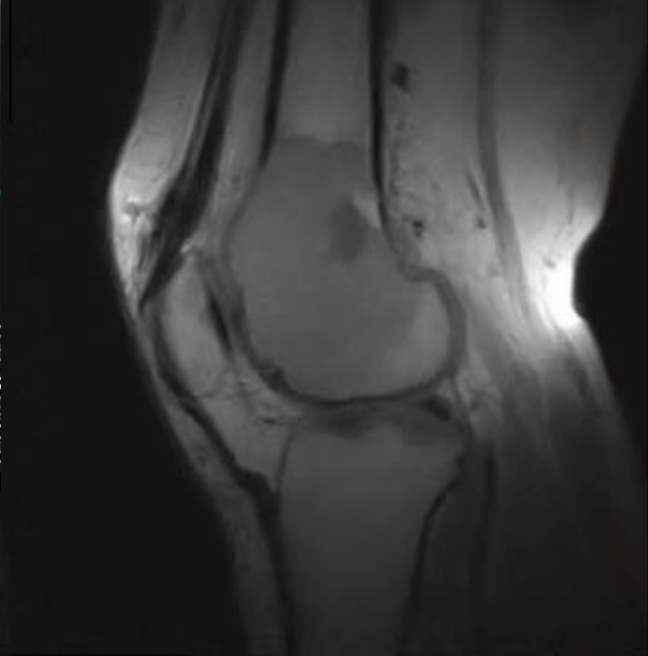
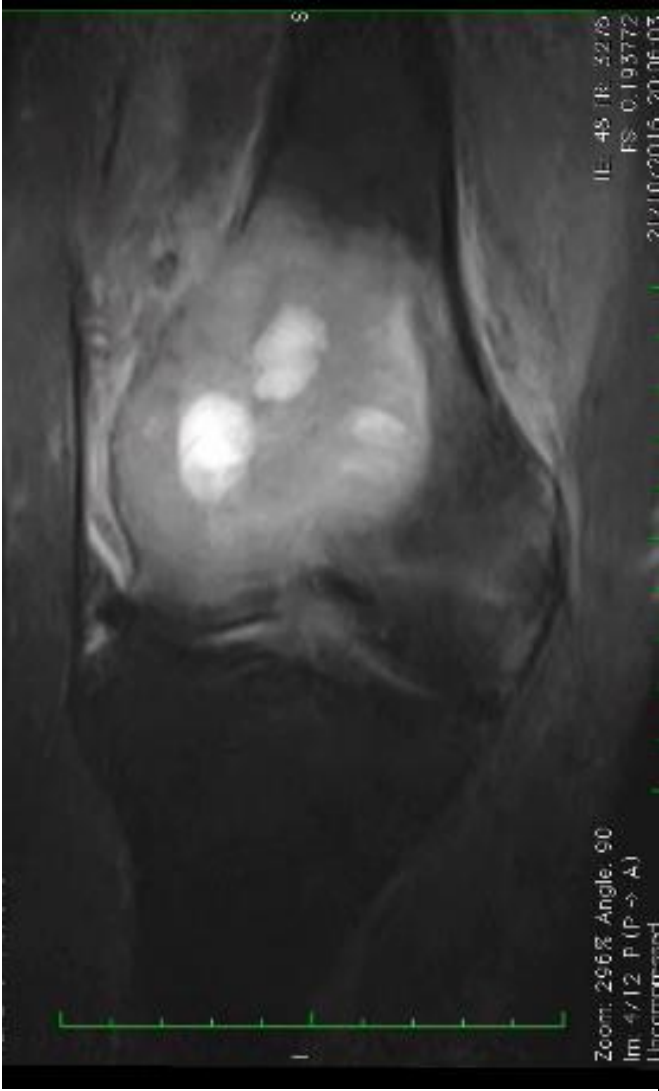
# Virtual MDT Board

- 35 yo male
- No comorbidities

## **ONCOLOGICAL SUMMARY:**

- 1st visit to clinic November 2016
- History of chronic right knee pain. He reports mild discomfort since 2014, progressively growing during last 3-4 months until 1 week before, when he refers sudden and acute pain exacerbation after minor trauma
- Xray and MRI: distal femur pathologic fracture in an osteolytic (agressive) epiphiseal lesion.







# Virtual MDT Board

- 35 yo male
- No comorbidities

## ONCOLOGICAL SUMMARY:

- 1st visit to clinic November 2016
- Biopsy report: giant cell tumour of bone

Material: LESION TUMORAL.

### Examen Macroscópico

Se reciben múltiples fragmentos tisulares irregulares que miden entre 2x0,8x0,8 cm y 0,5x0,2x0,2 cm son de color gris con áreas pardas y otras con aspecto de coágulo. Al corte de similares características, consistencia blanda.

### Examen Microscópico

Los cortes histológicos muestran proliferación tumoral caracterizada por dos poblaciones celulares, unas mononucleares con núcleos redondeados y ovals y citoplasma fusado, abundantes células gigantes multinucleadas de tipo osteoclasticas.  
Se identifican escasas mitosis.  
Se observan además sectores de hemorragia, histiocitos con hemosiderina como signo de hemorragia antigua.

### Diagnóstico

TUMOR DE CELULAS GIGANTES OSEO (Fragmentos tisulares)





# Virtual MDT Board

- 35 yo male
- No comorbidities

## **ONCOLOGICAL SUMMARY:**

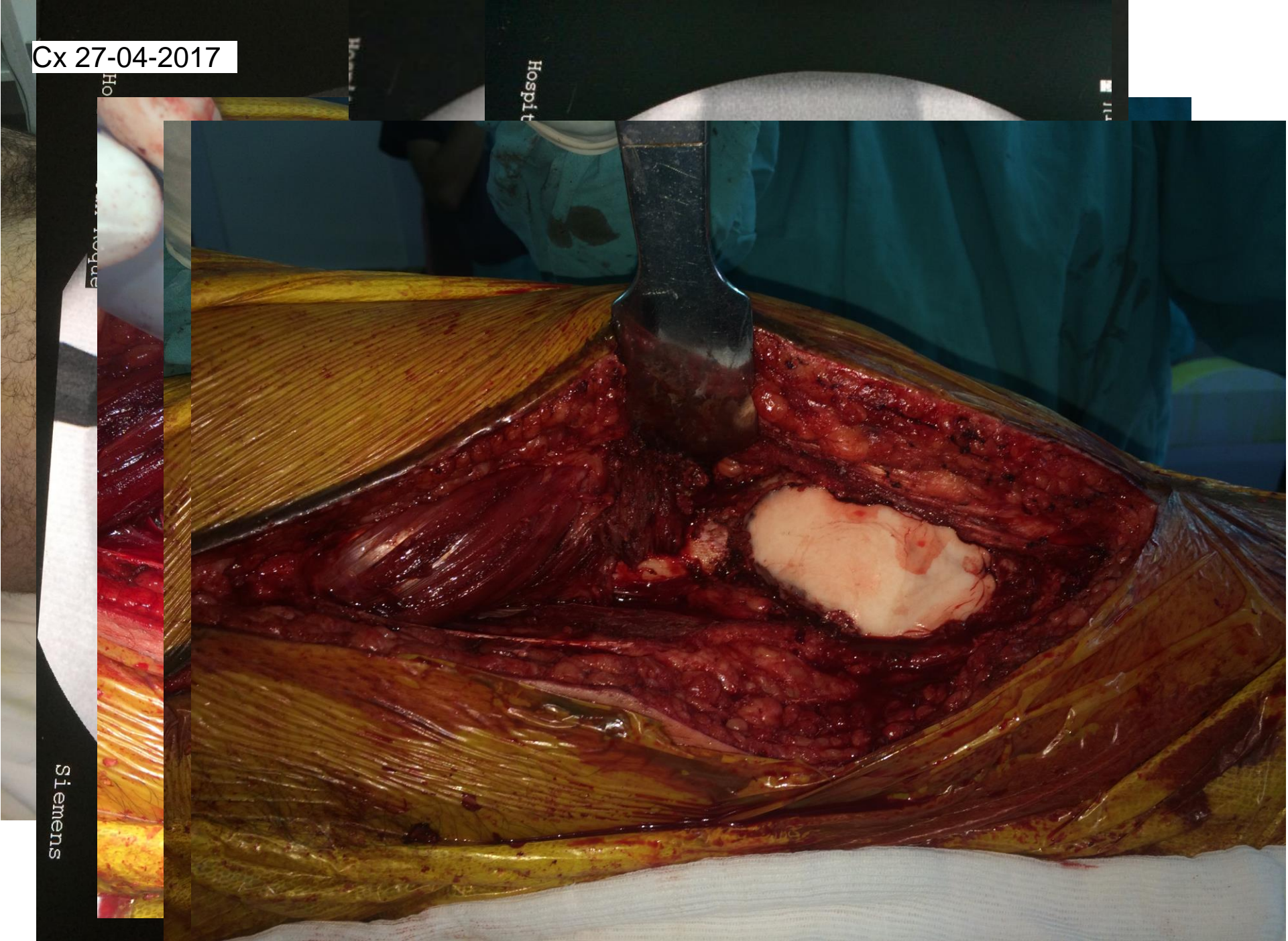
- 1st visit to clinic November 2016
- Treatment decision: neoadjuvant Denosumab and intralesional surgery
- Xray after 5 months



artin  
-17

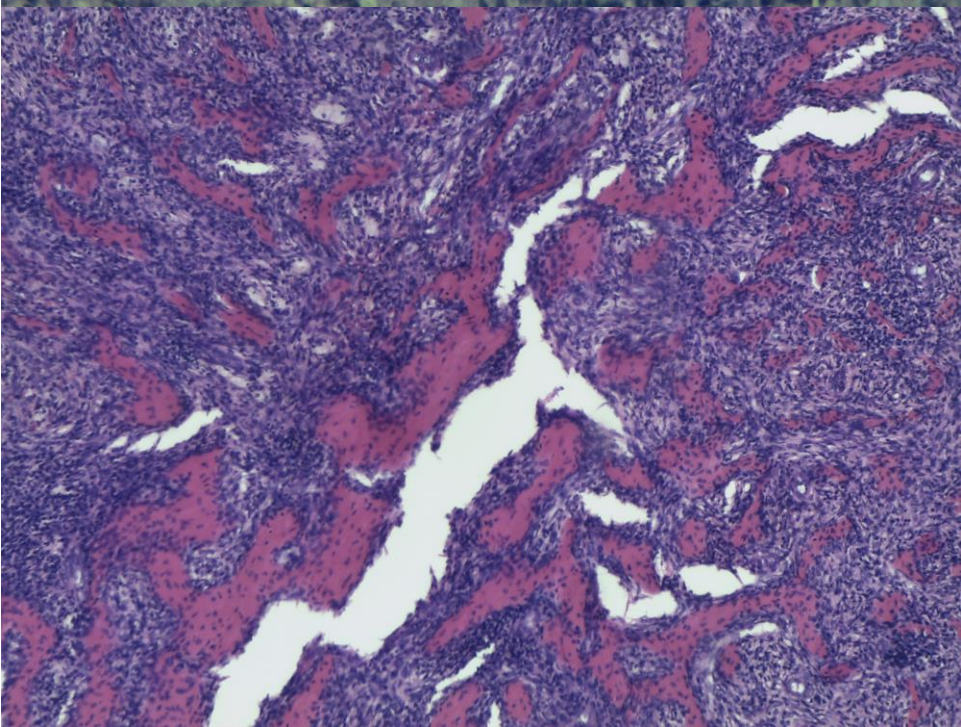
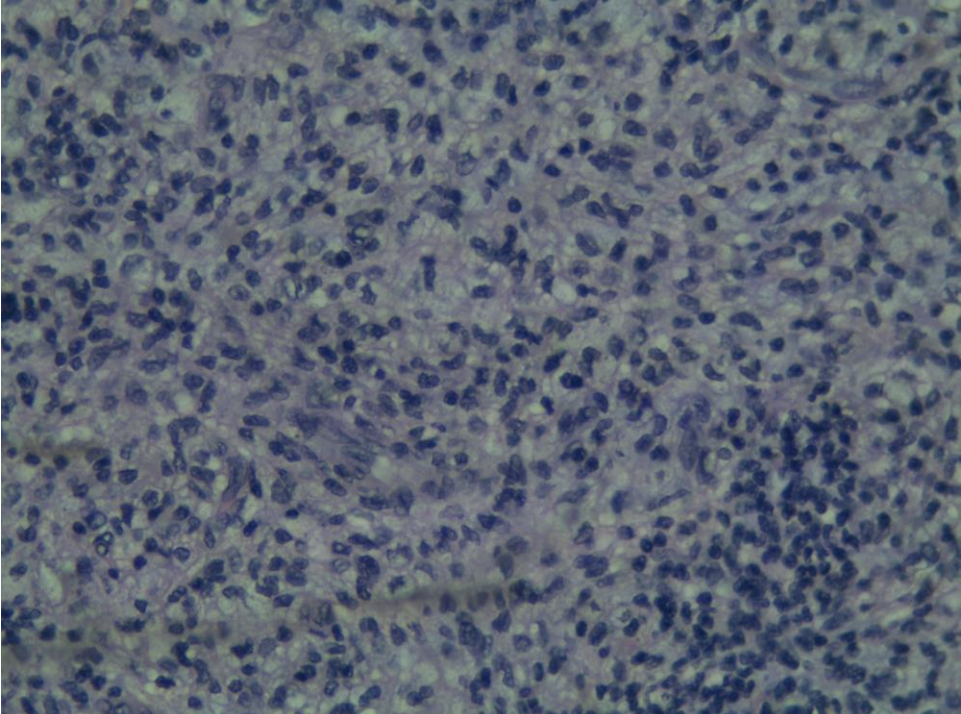


Cx 27-04-2017



Siemens

Hospit



**MICROSCOPIA:** Neoplasia de estirpe mesenquimal constituida por una proliferación de células fusadas, son de nucleos pequeños y medianos, elongados, con escasas figuras de mitosis y citoplasma eosinófilo que se disponen en haces entrelazados con escaso estroma interpuesto. Se identifican además focos de material osteoide, hisiocitos, vasos sanguíneos de paredes engrosadas, sufusiones hemorrágicas y leve infiltrado inflamatorio mononuclear. No se observan células gigantes.

La piel está libre de lesión.

FD.-RA.-GA.-AS.-RF.-



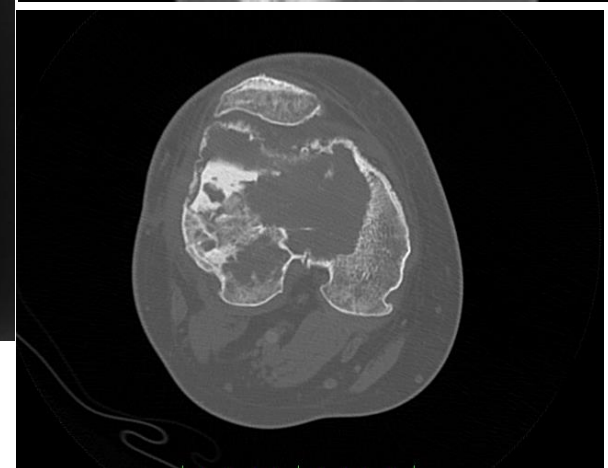


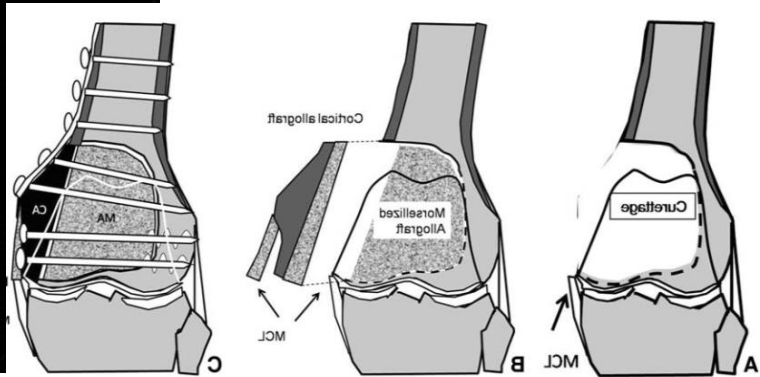
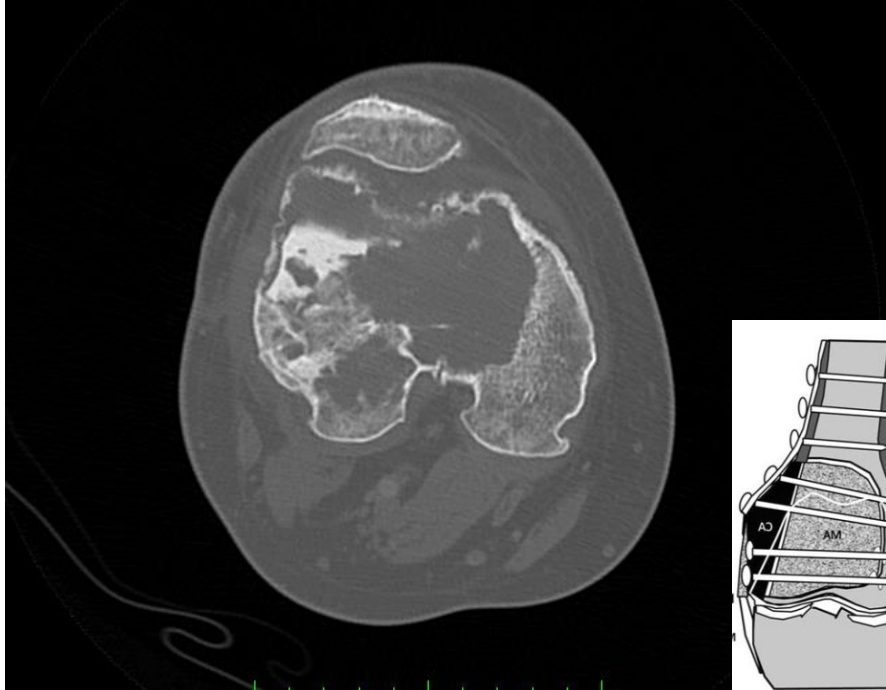
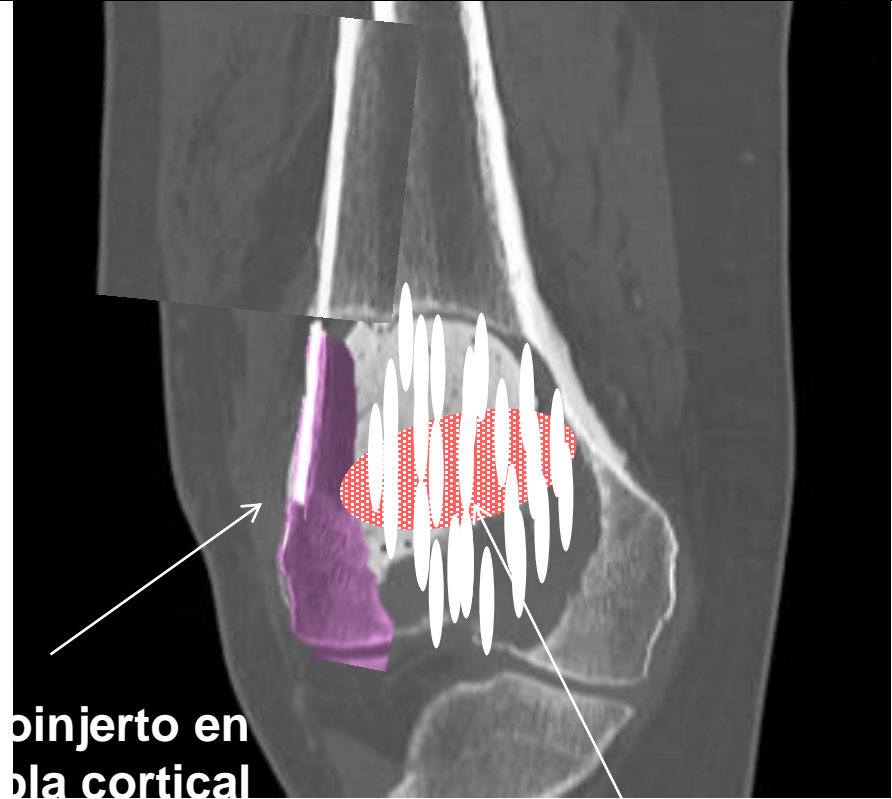
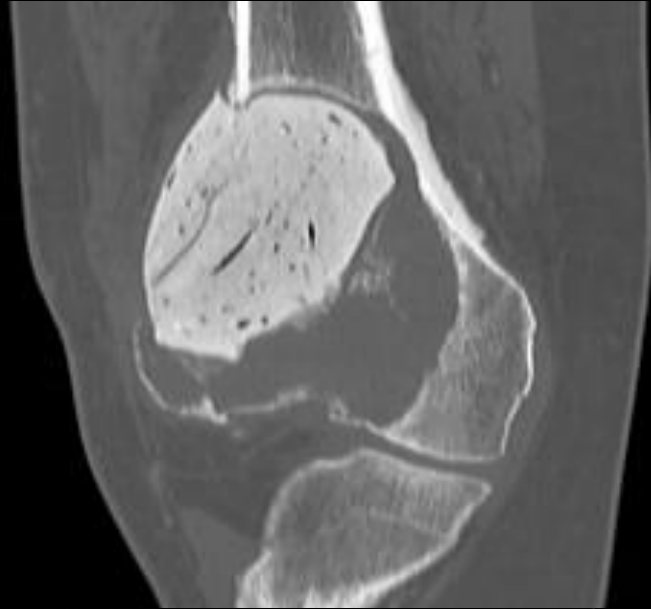
# Virtual MDT Board

- 36 yo male

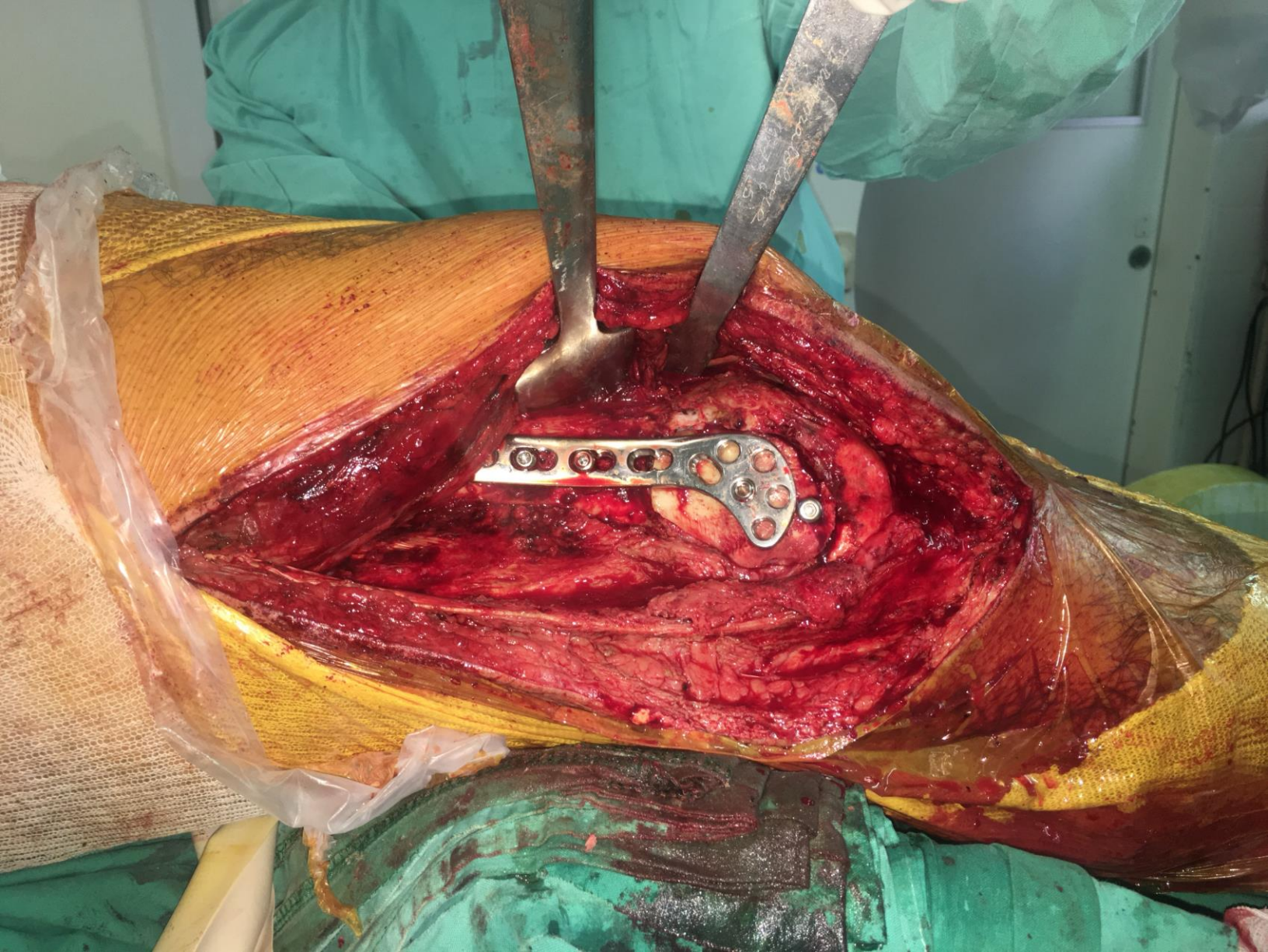
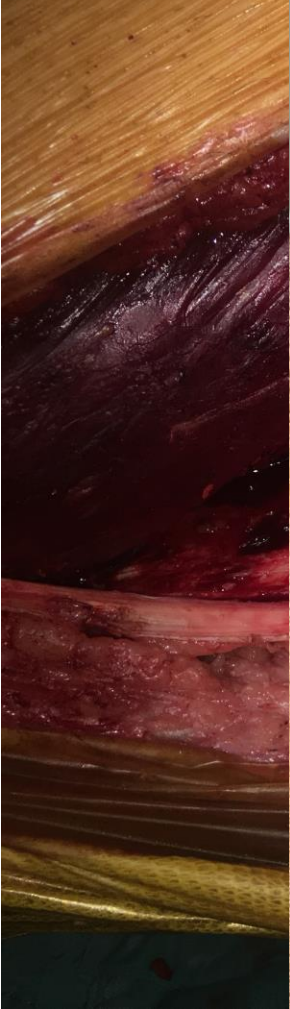
## **ONCOLOGICAL SUMMARY:**

- August 2018: local recurrence





Cx 09-08-2018







, PARTI  
- 18



# Virtual MDT Board

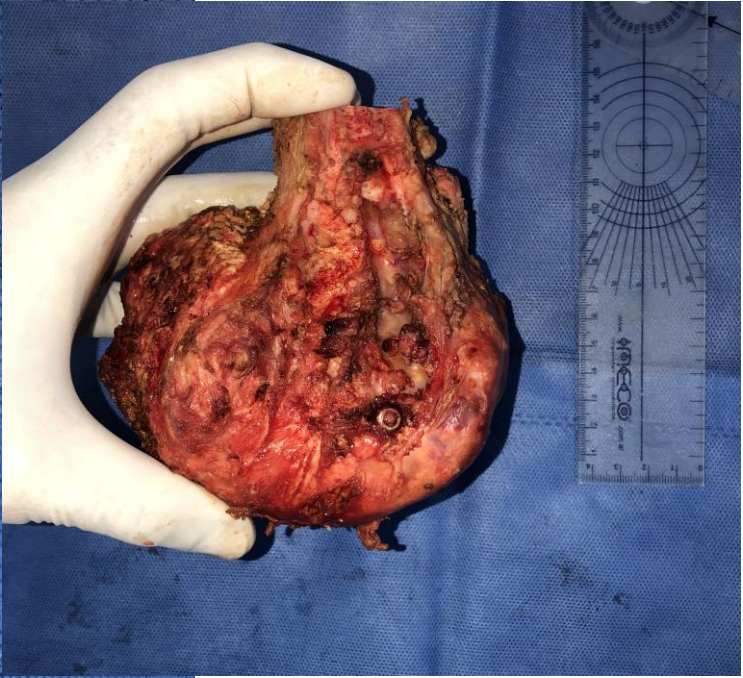
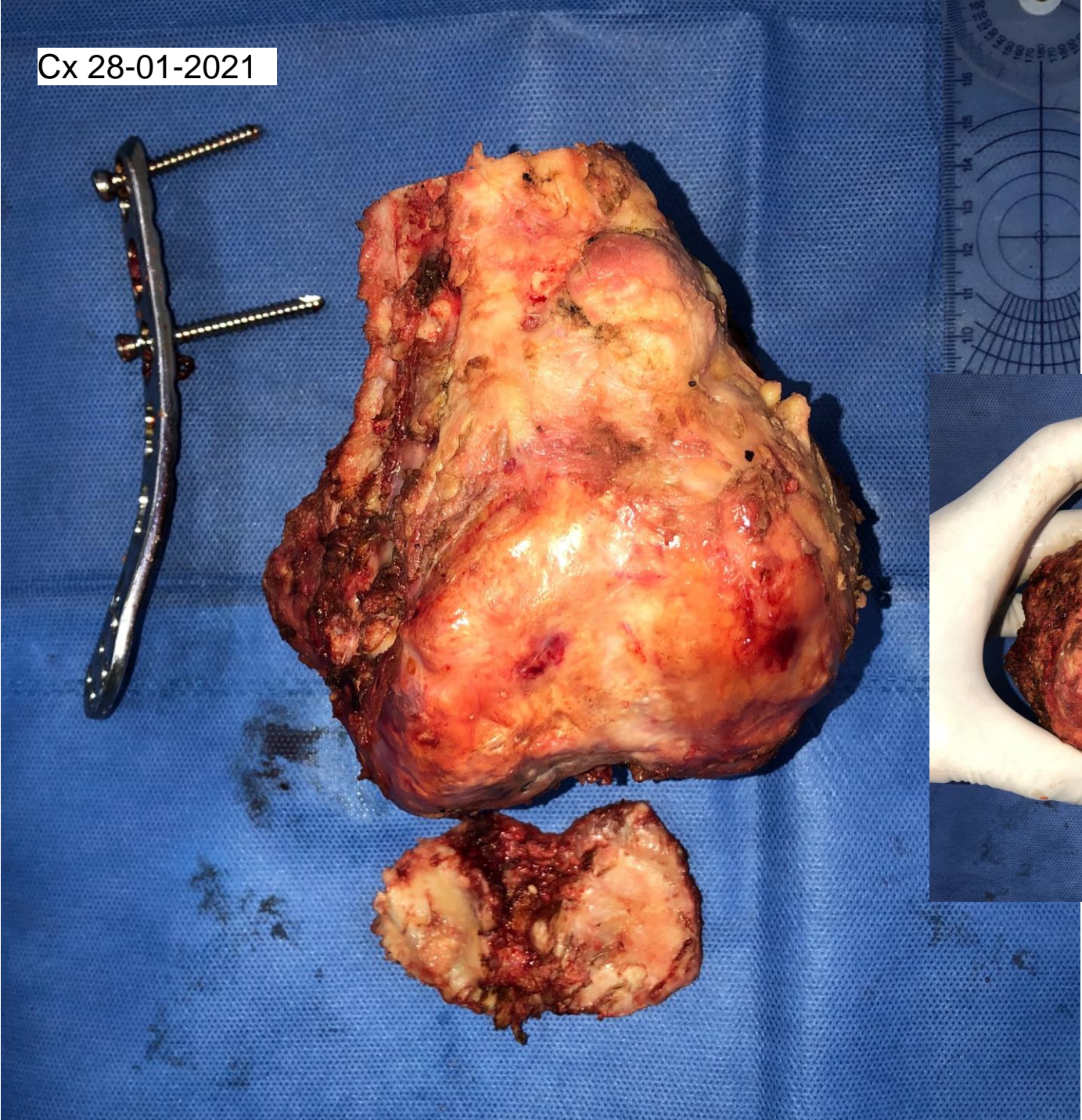
- 38 yo male

## **ONCOLOGICAL SUMMARY:**

- May 2020: 2nd local recurrence
- Treatment decision:
  - En block resection
  - Distal femur endoprosthesis reconstruction



Cx 28-01-2021





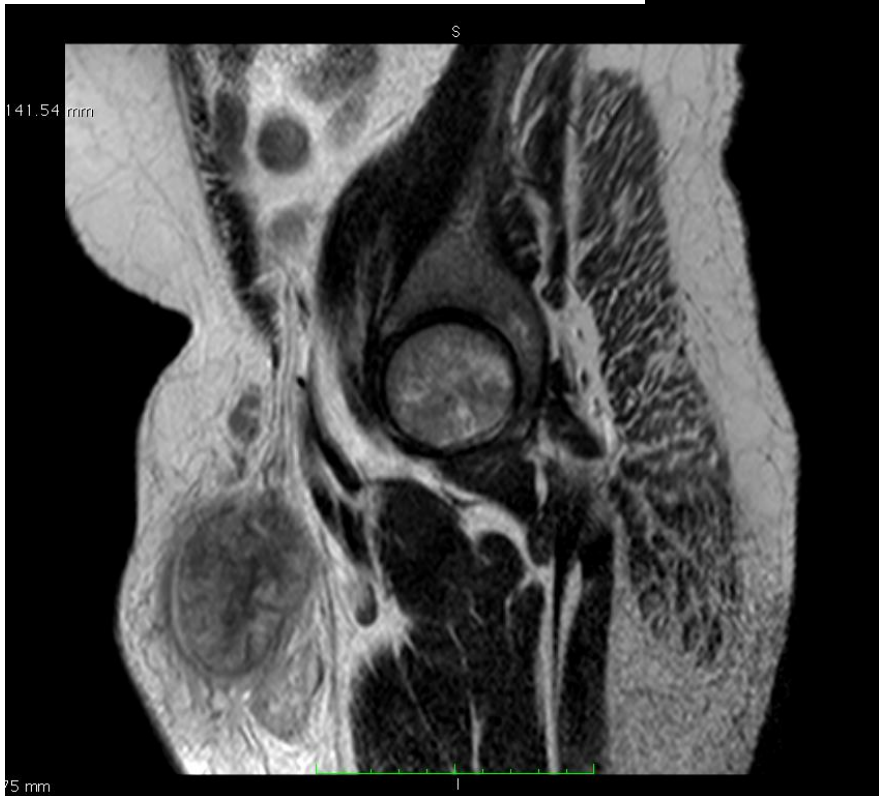
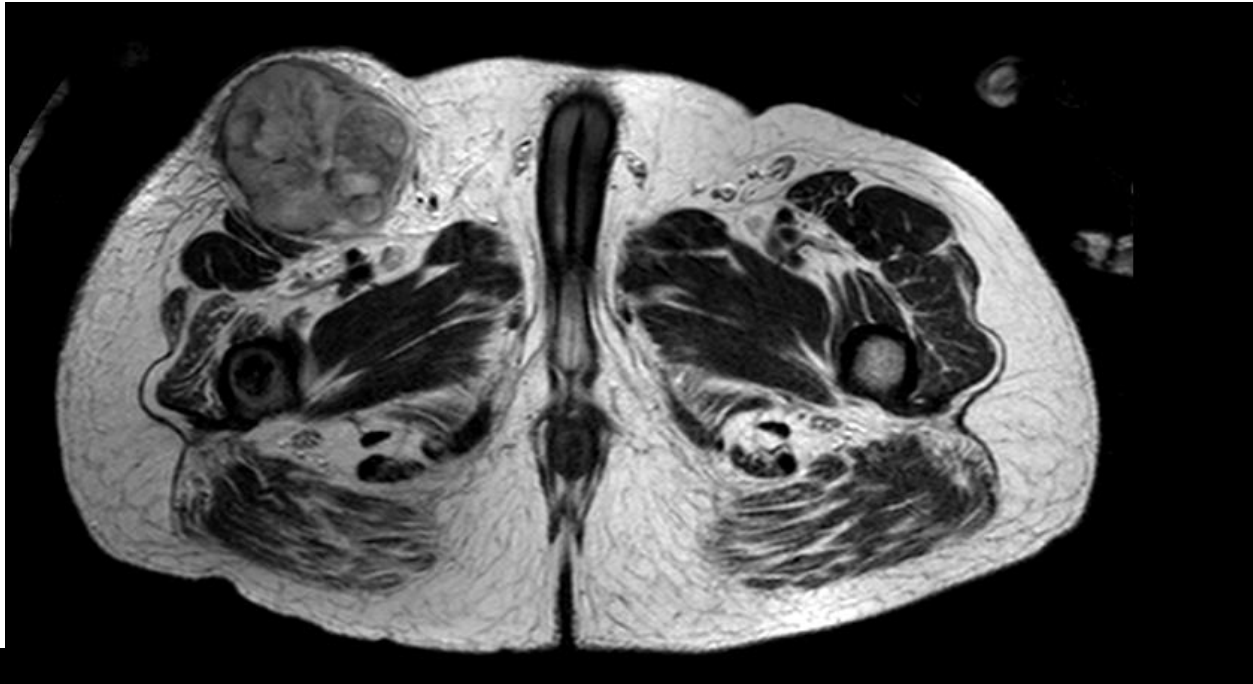


# Virtual MDT Board

- 42 yo male
- Last control February 2024 (3 ys postop)
- Good functional outcome
- Righth groin mass









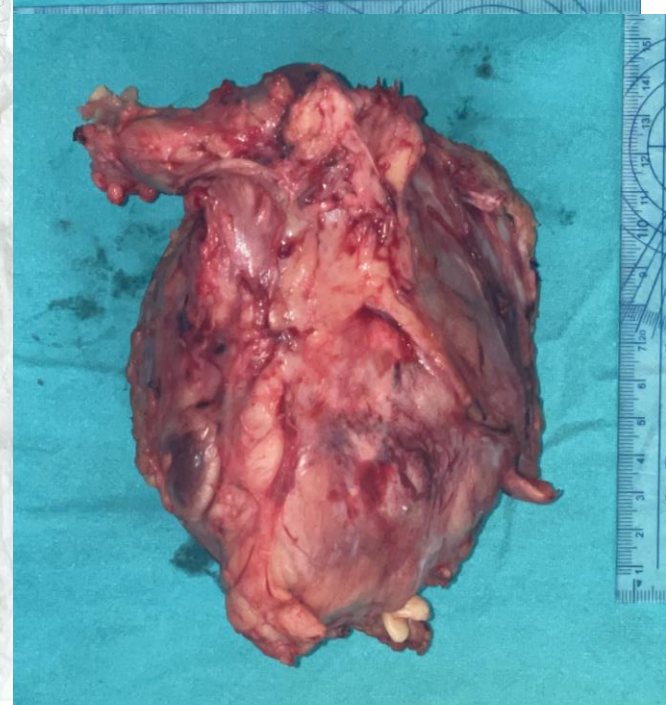
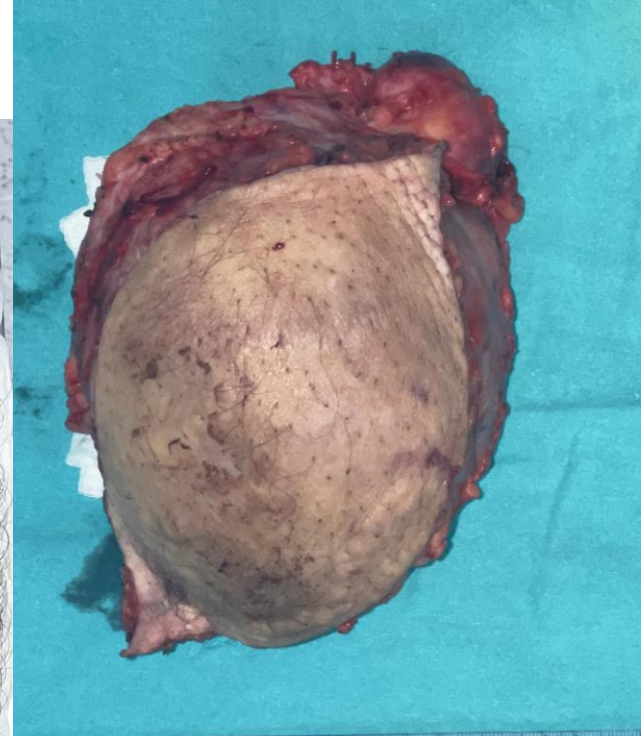
# Virtual MDT Board

- 42 yo male
- Last control February 2024 (3 ys postop)
- Good functional outcome
- Treatment decision:
  - Excisional biopsy





Cx 15-04-2024





# Virtual MDT Board

- 42 yo male
- No comorbidities

## ONCOLOGICAL SUMMARY:

- AP report:

### INFORME

**ANTECEDENTE:** Biopsias previas n°135929, 142165, 150086, 151202 con diag. de Tumor de células gigantes. Tratado con Denosumab.

**MATERIAL:** 1.-Tumor de partes blandas de región inguinal.  
2.-Ganglio locorregional.

**MACROSCOPIA:** 1.-Se recibe pieza quirúrgica que llega sin señalar, mide 18x14x10 cm y pesa 805 g. Incluye piel de 16x10 cm y partes blandas adheridas. La superficie externa es irregular, lobulada. Al corte se identifica un tumor que mide 15x10,5x9,5 cm, sólido, heterogéneo, de coloración amarillenta, con áreas blanquecinas y otras hemorrágicas. Es de consistencia blanda, en sectores friable. En la periferia se observa un nódulo de 2,5 cm, blanquecino-grisáceo.  
2.-Ganglio linfático que mide 3,5x1,5 cm.

**MICROSCOPIA:** 1.-El tumor descrito está constituido por una proliferación de células fusadas con núcleos medianos y grandes, irregulares, hiper cromáticos, en sectores vesiculosos con nucleolo prominente, con figuras de mitosis (8 en 10 CGA) y citoplasma eosinófilo mal definido que se disponen en haces cortos, con extensas áreas de necrosis tumoral. El estroma es fibroconectivo y exhibe vasocongestión, sufusiones hemorrágicas y leve infiltrado inflamatorio mononuclear.

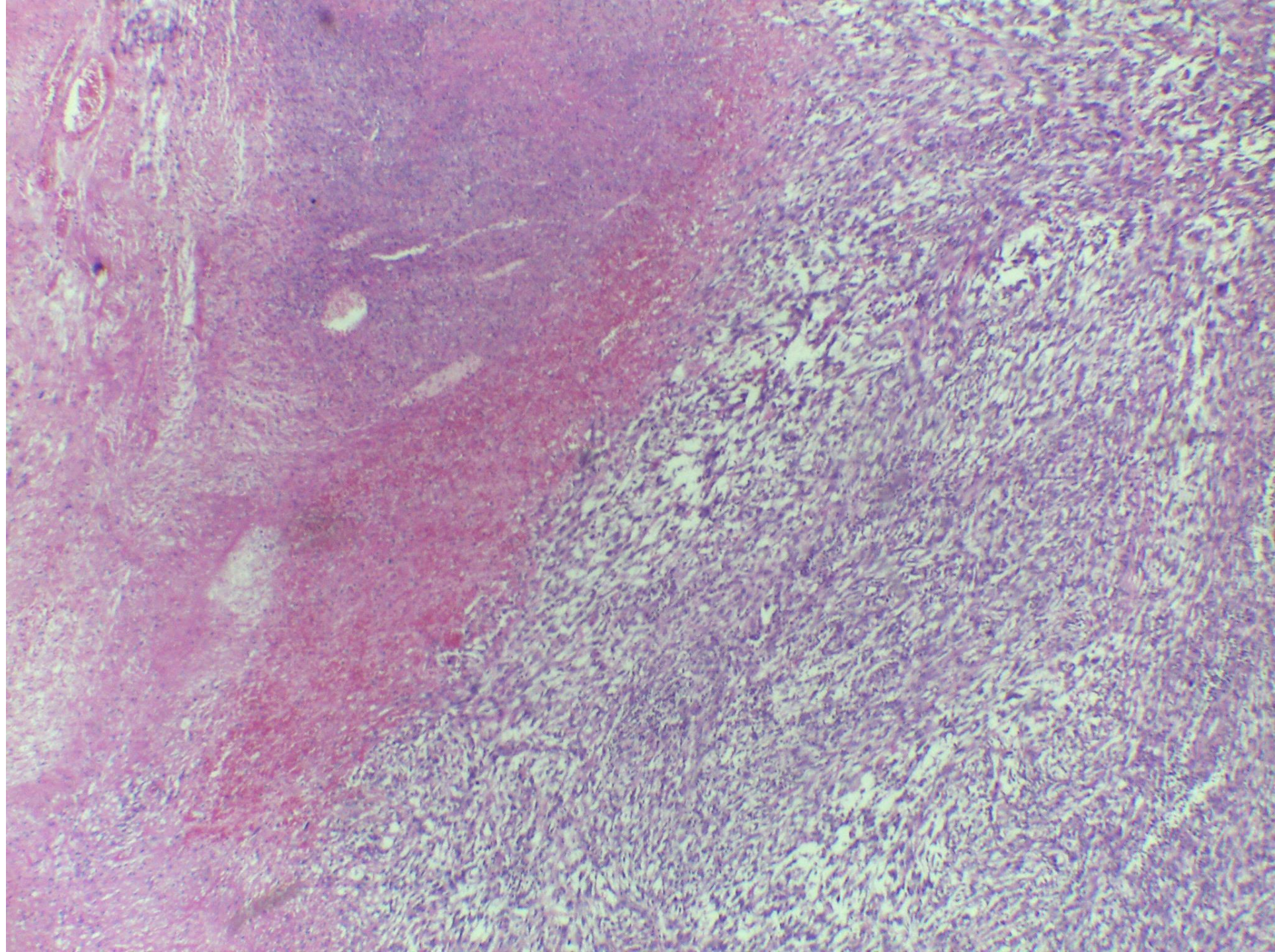
El nódulo descrito en la periferia corresponde a un ganglio linfático con metástasis tumoral.

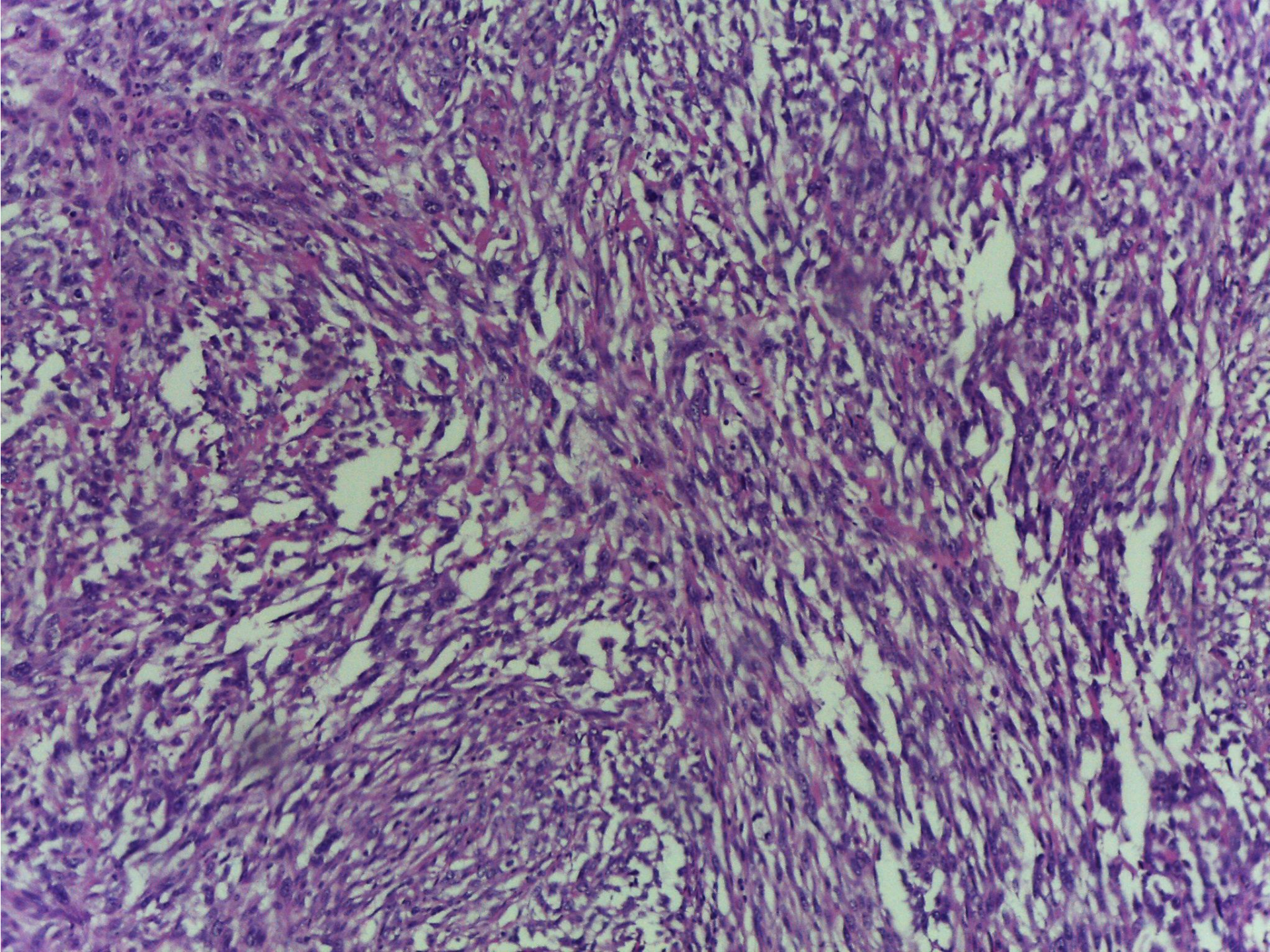
Los márgenes quirúrgicos están a menos de 1 mm del tumor.  
2.-Ganglio linfático libre de tumor.  
LM.-LF.-GA.-

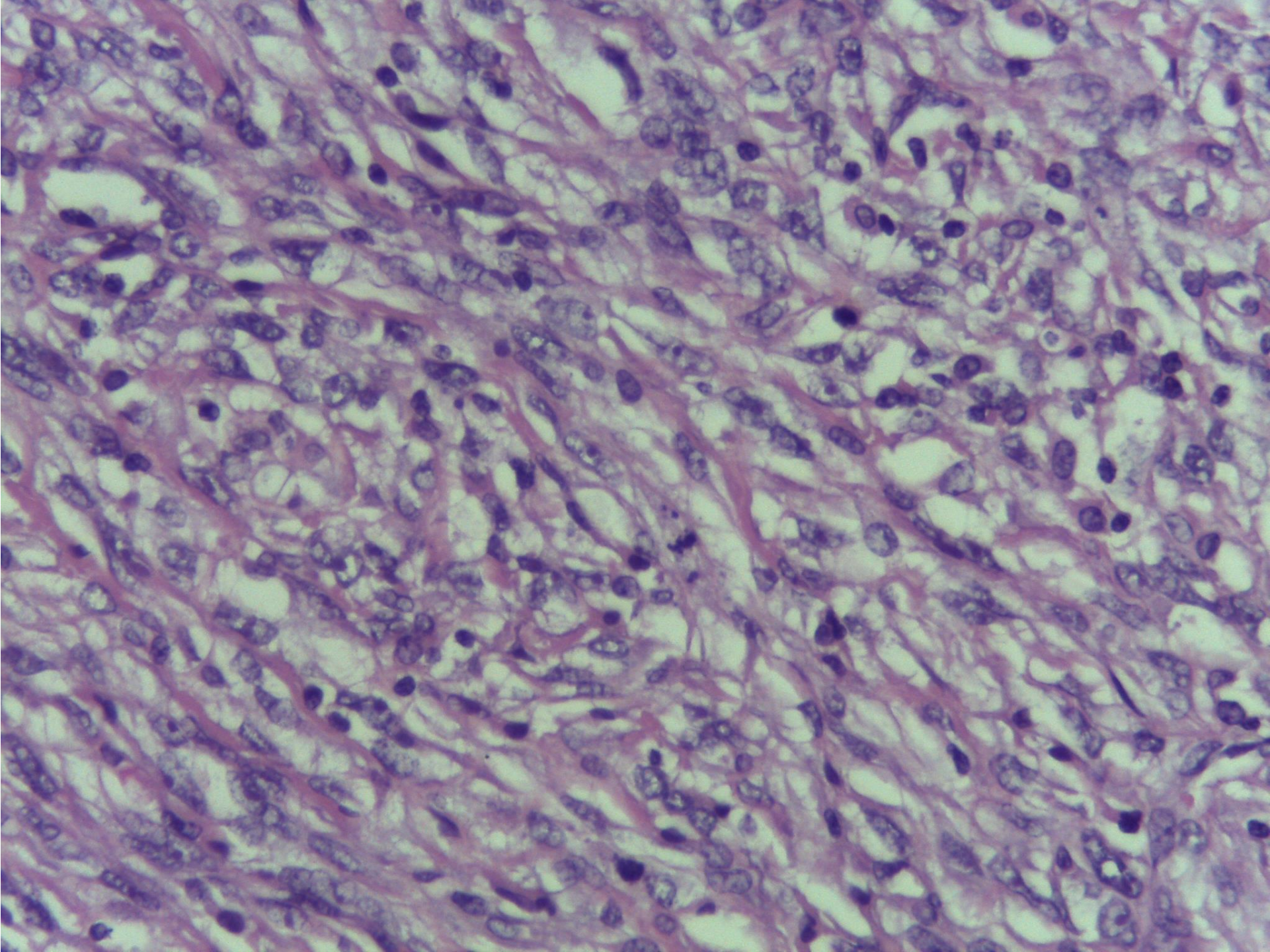
Diagnóstico  
**Tumor fusocelular maligno**  
**Metástasis de Sarcoma**

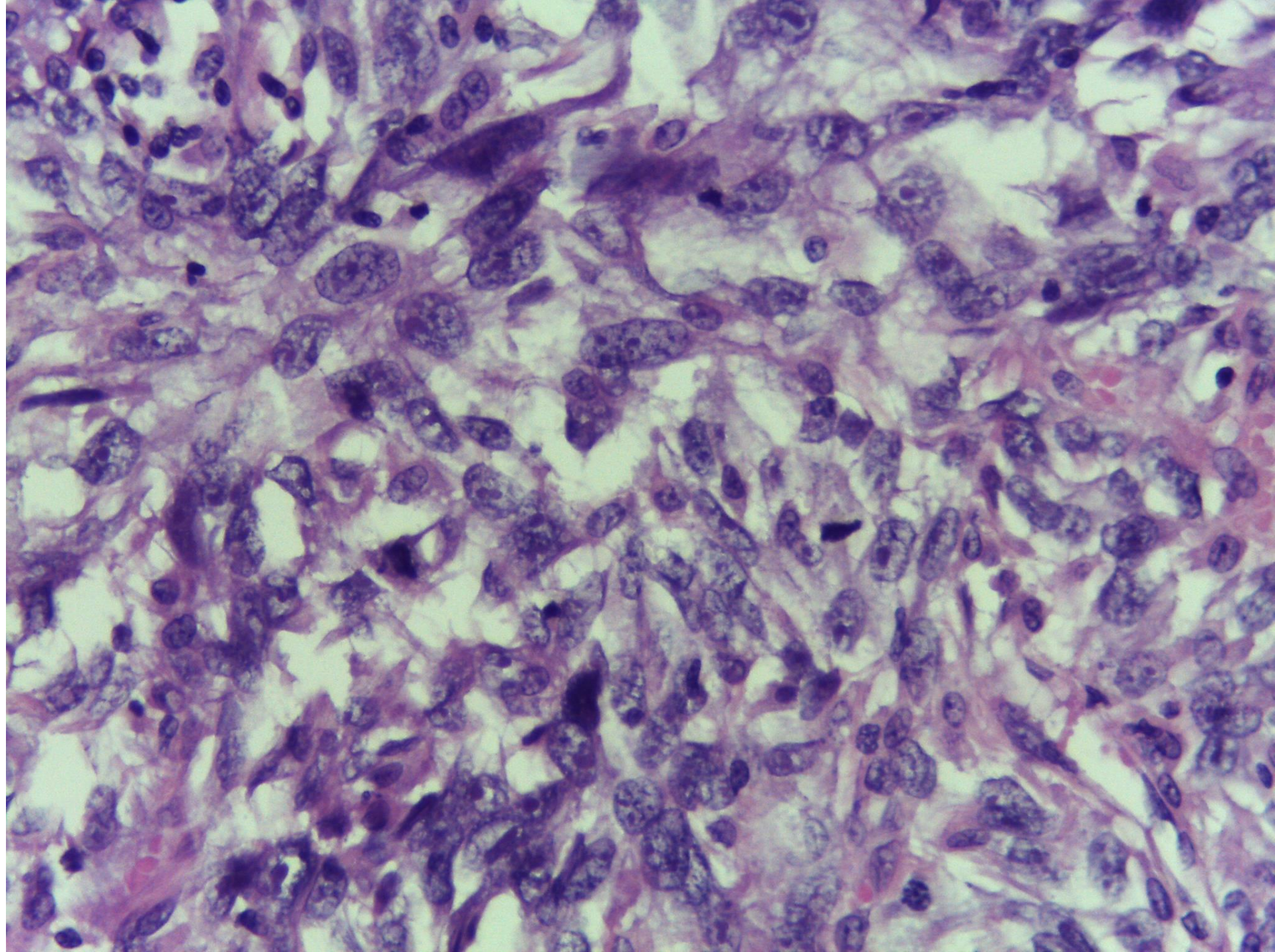
### NOTA

Hallazgos compatibles con Tumor de células gigantes maligno secundario.











# Virtual MDT Board

- 42 yo male
- No comorbidities

## **ONCOLOGICAL SUMMARY:**

- Torax/Abdomen/ Pelvis CT Scan May 2024:
  - Torax ok
  - Abdomen ok
  - Intrapelvic mass





# Virtual MDT Board

## DISCUSSION

Unusual presentation of a GCT of bone. No visceral metastasis.  
Distant lesions (groin and pelvis)

More studies? (Pelvic MRI in process / PET CT?)  
How would you plan the treatment of this patient? (Denosumab again? /  
Other systemic strategies / soft tissue pelvic mass resection?)