

SELNET



Virtual MDT Board

June 2024



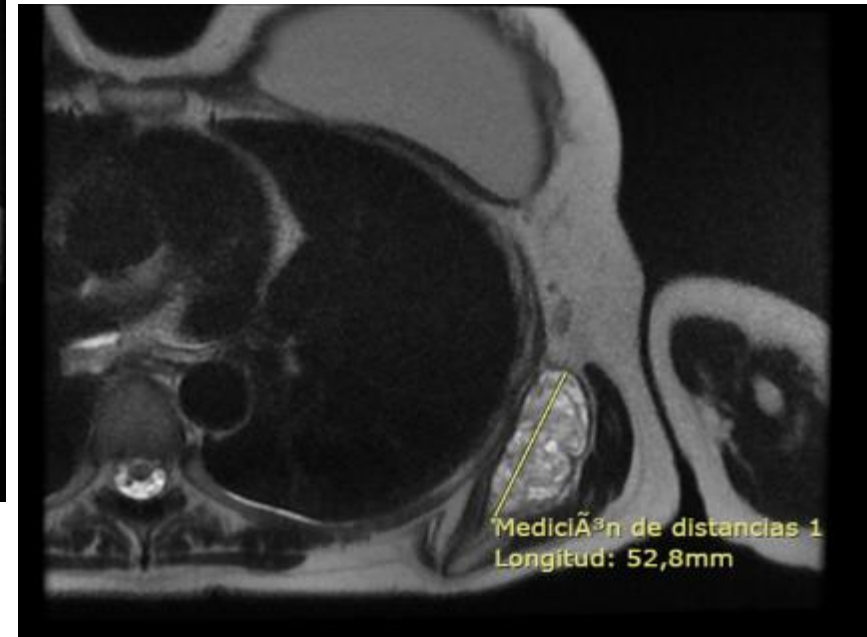
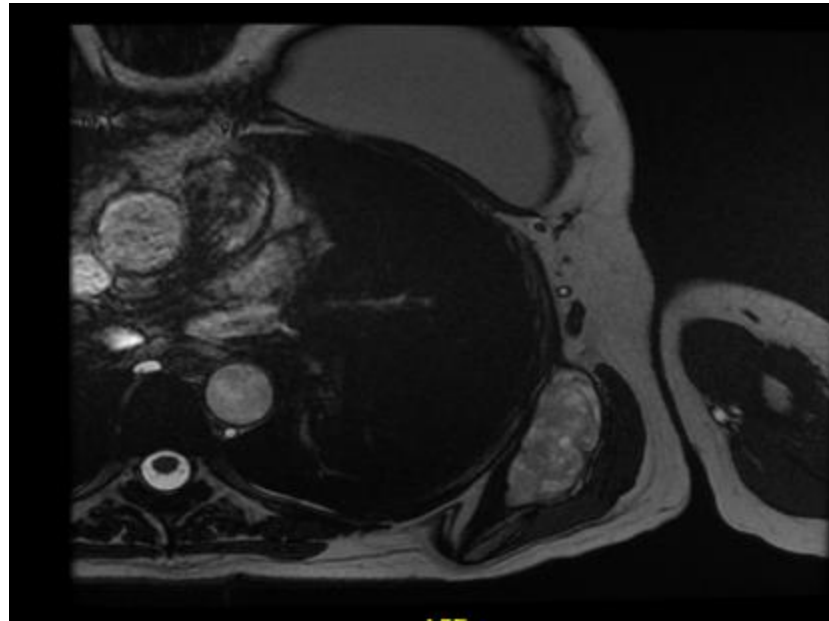
SELNET MDT VIRTUAL MEETING

IVO - Instituto Valenciano de Oncología

Vascular tumor with Ewing-like gene fusion

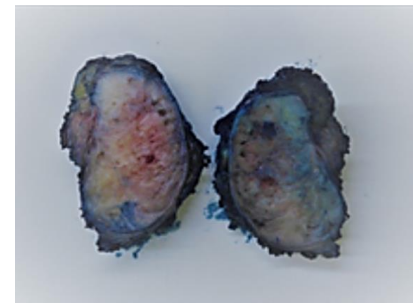
Isidro Machado, Reyes Claramunt, Héctor Aguilar. Instituto

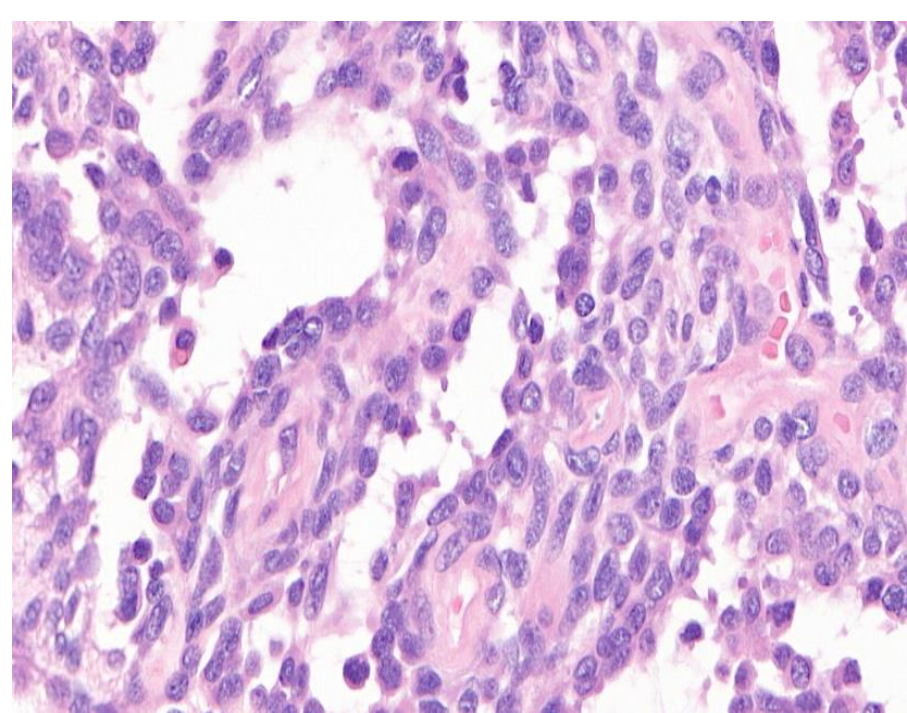
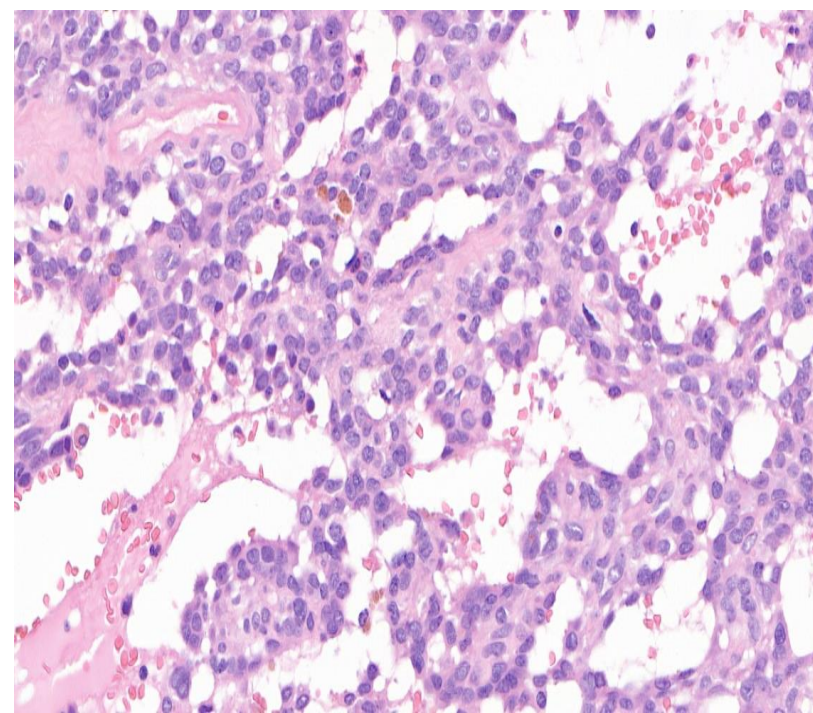
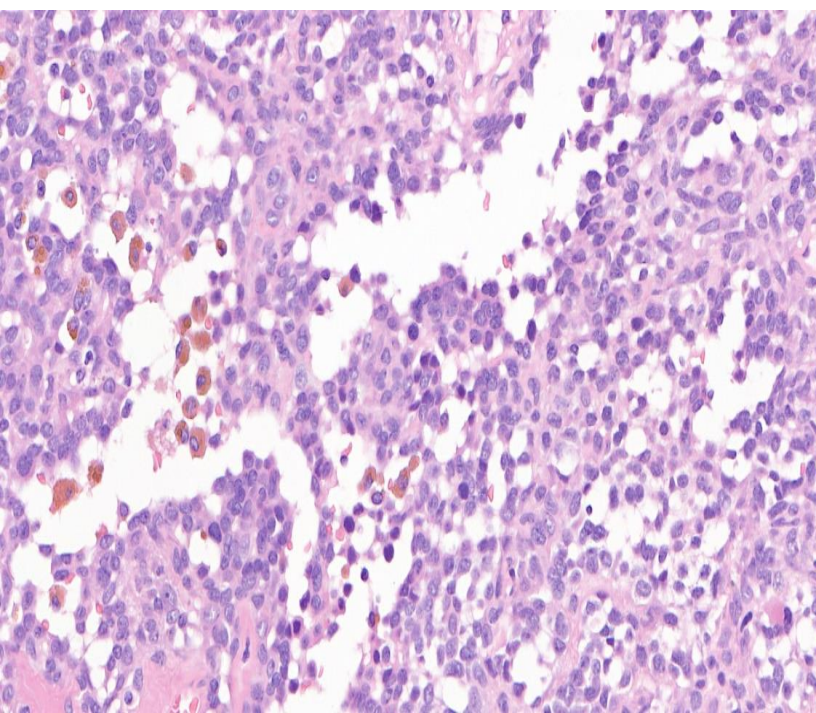
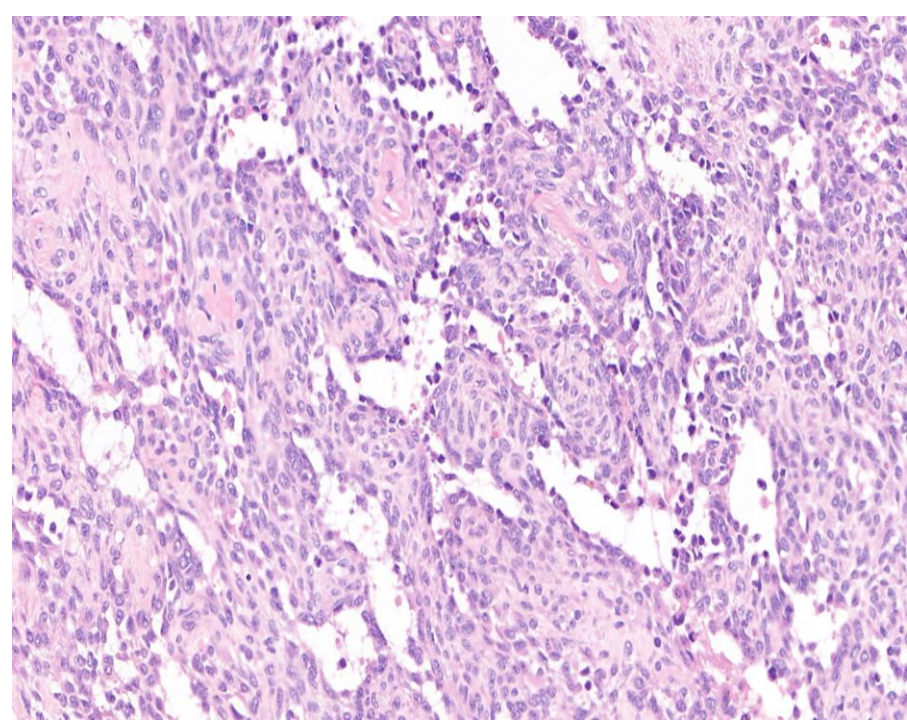
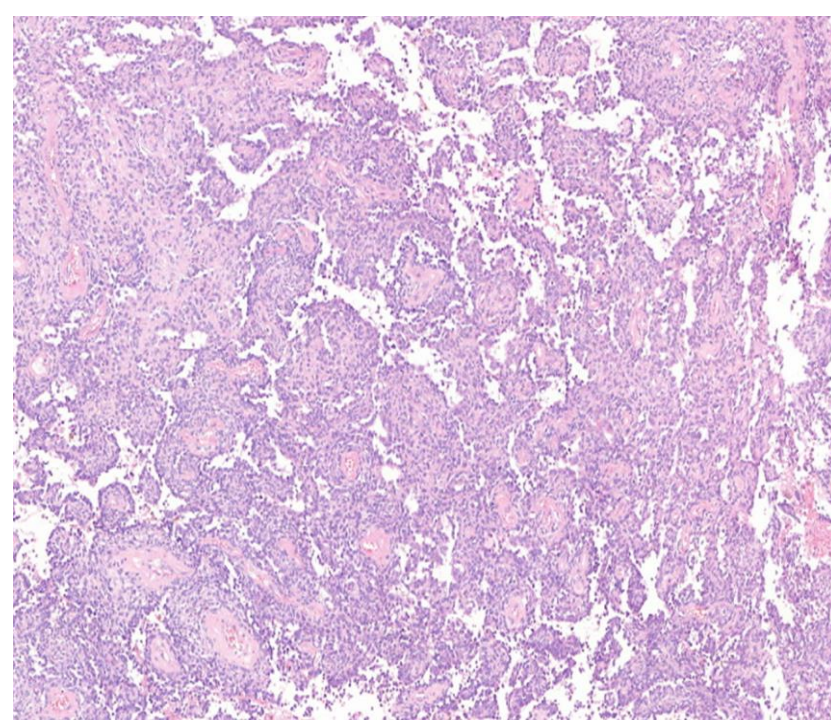
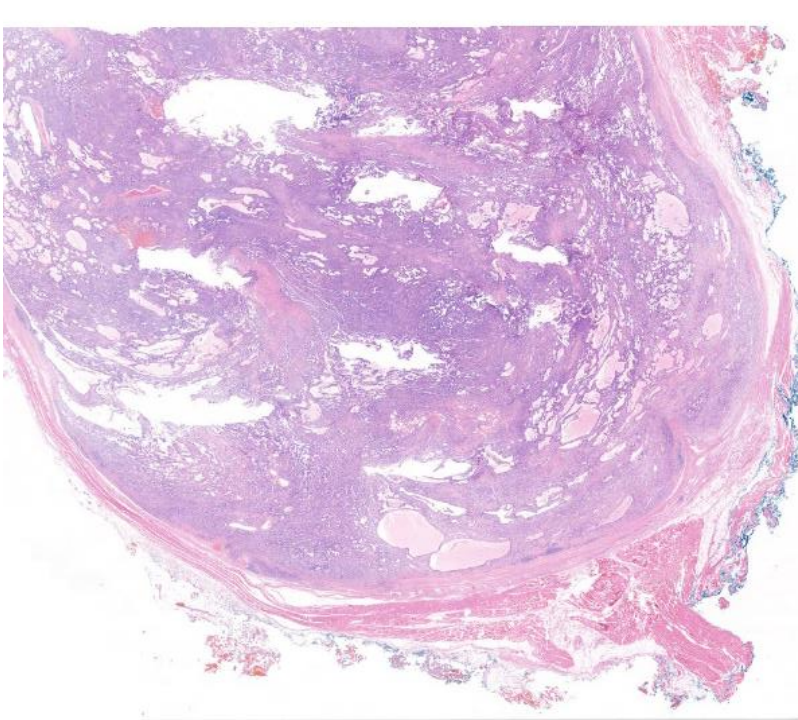
Valenciano de Oncología, Valencia. Spain

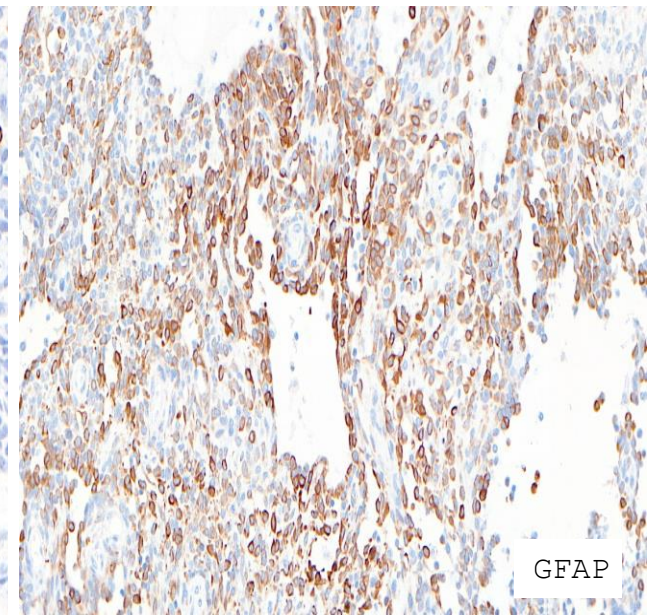
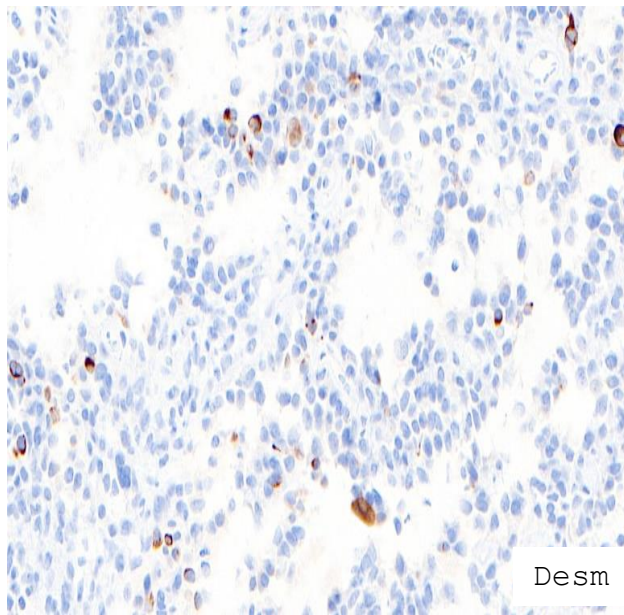
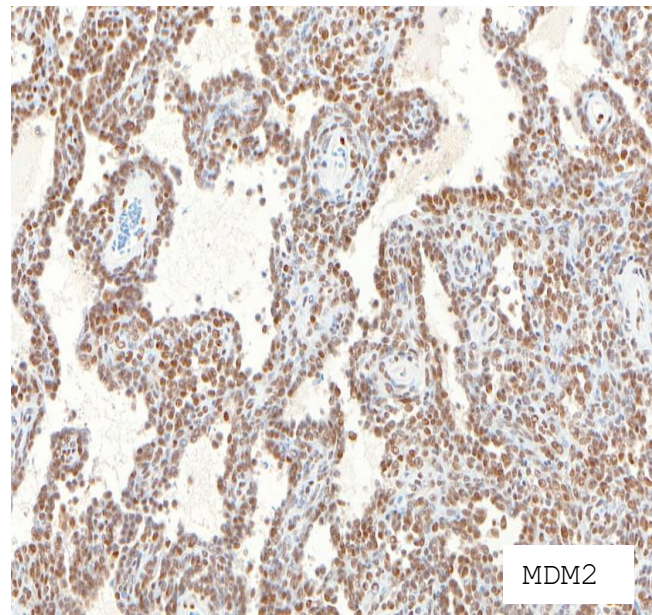
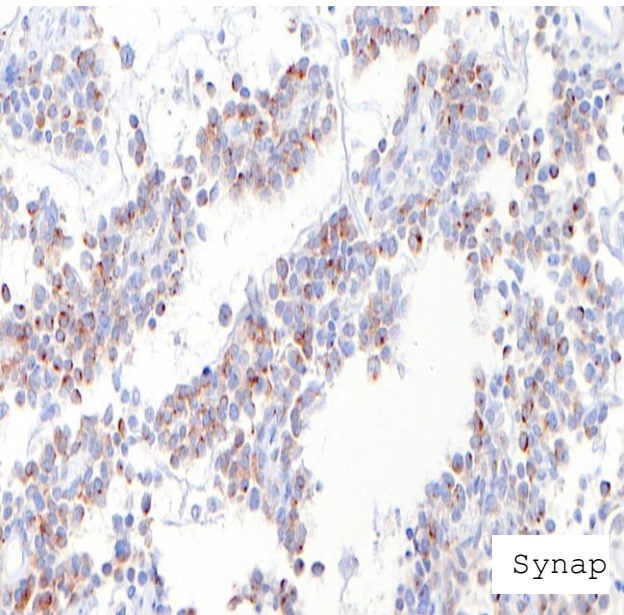
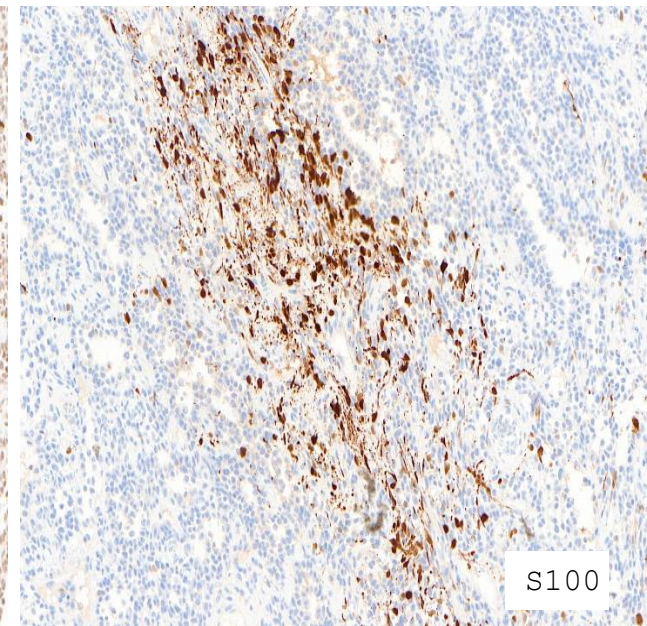
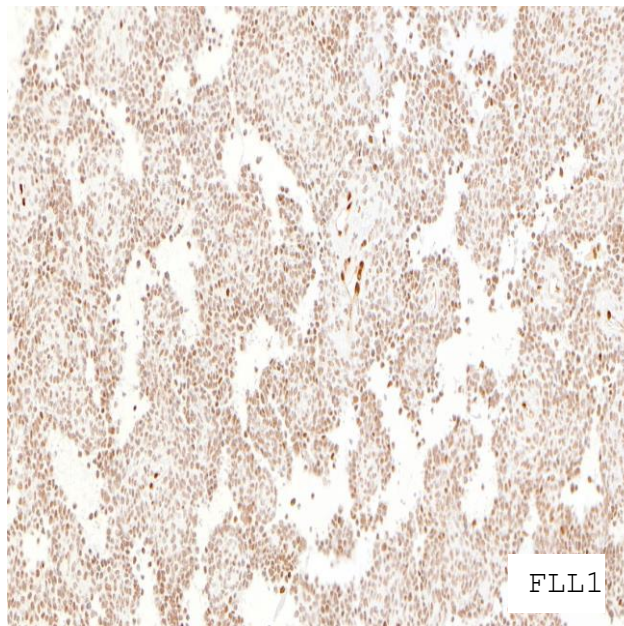
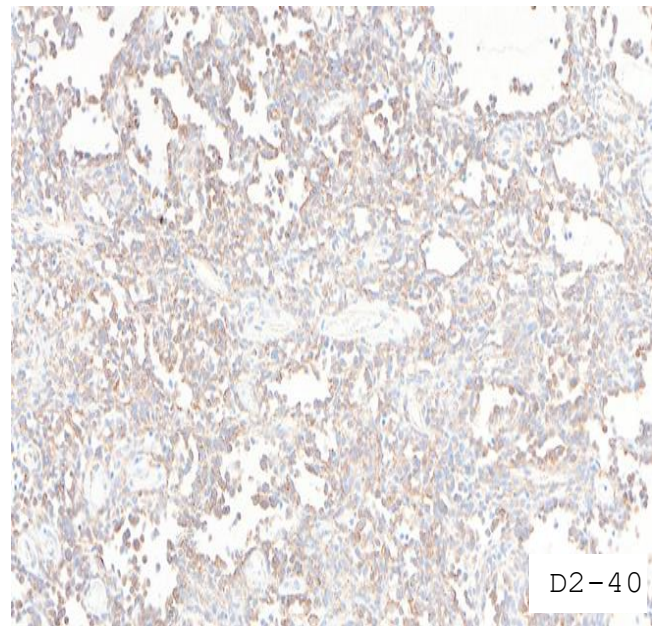
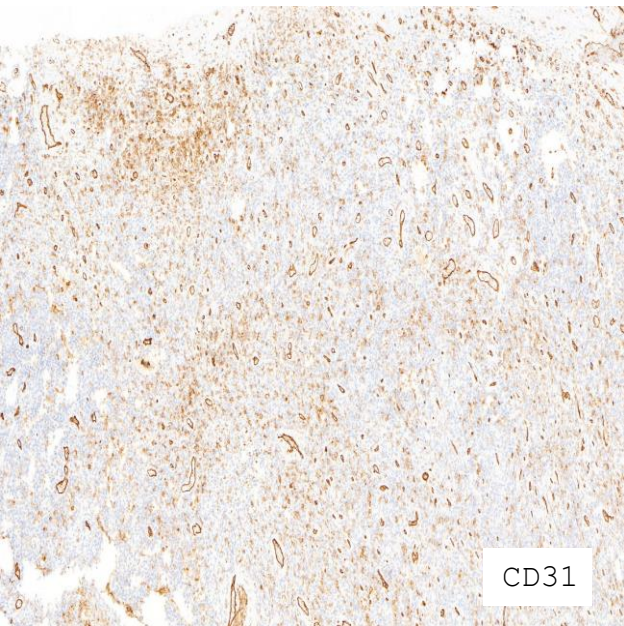


A 56-year-old woman presents with an encapsulated, well-defined mass measuring 54 mm in the left subscapular muscle. The neoplasm exhibits cystic areas internally and the radiology report suggest a **benign tumor**.

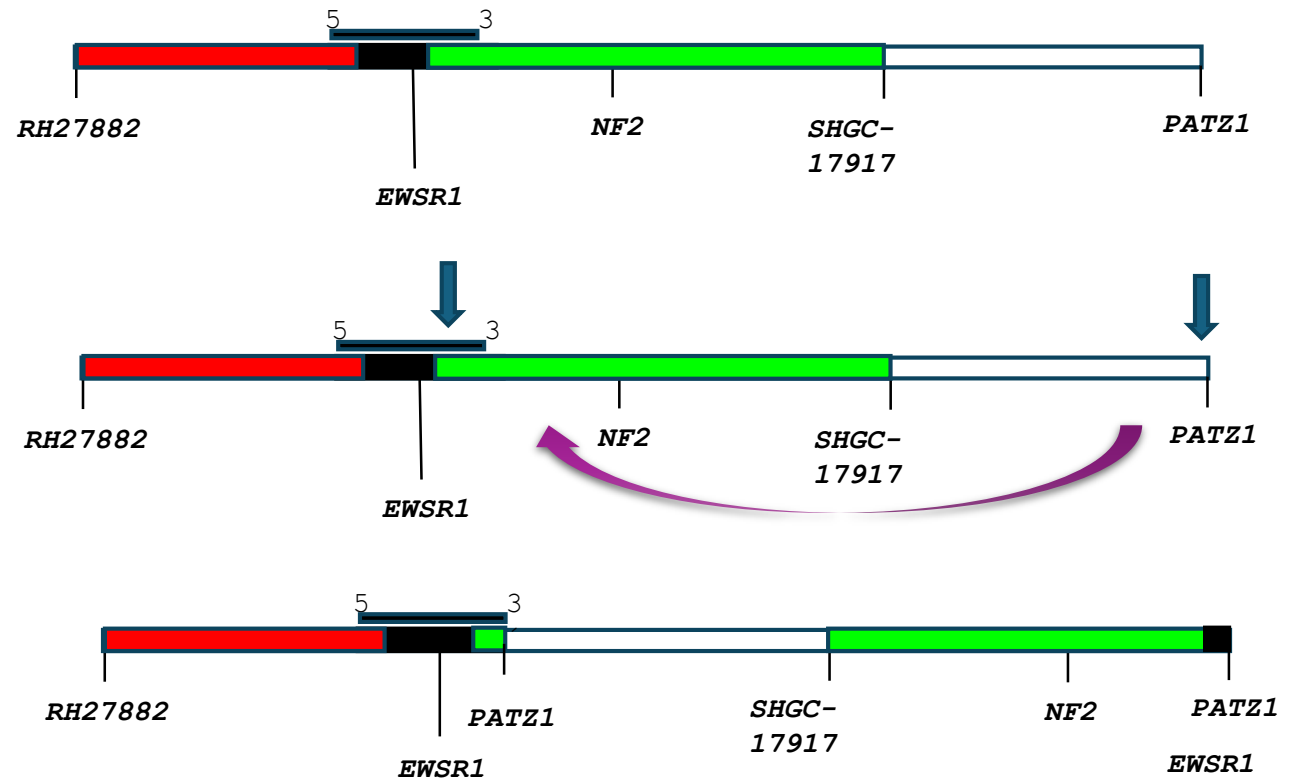
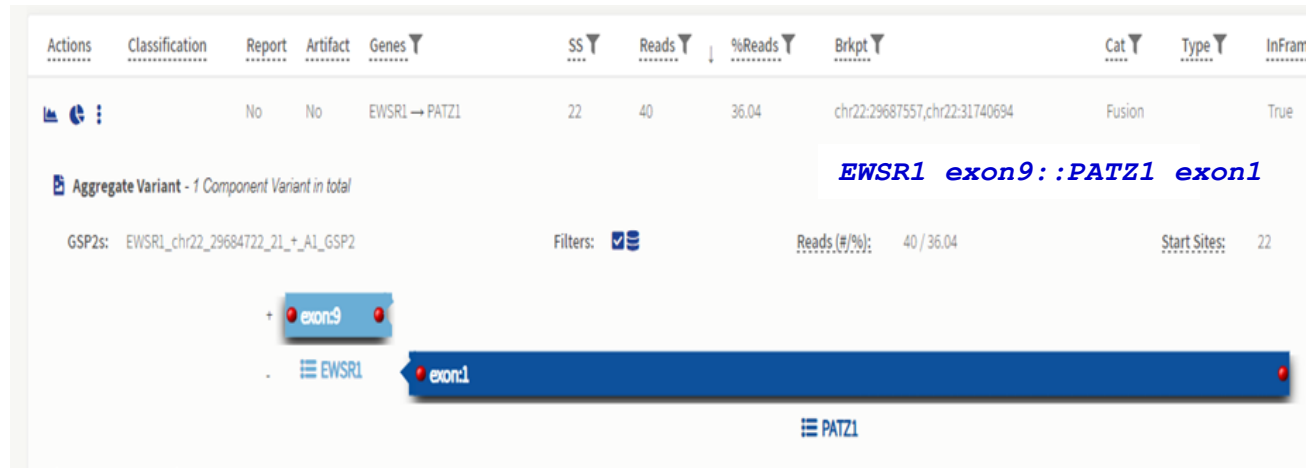
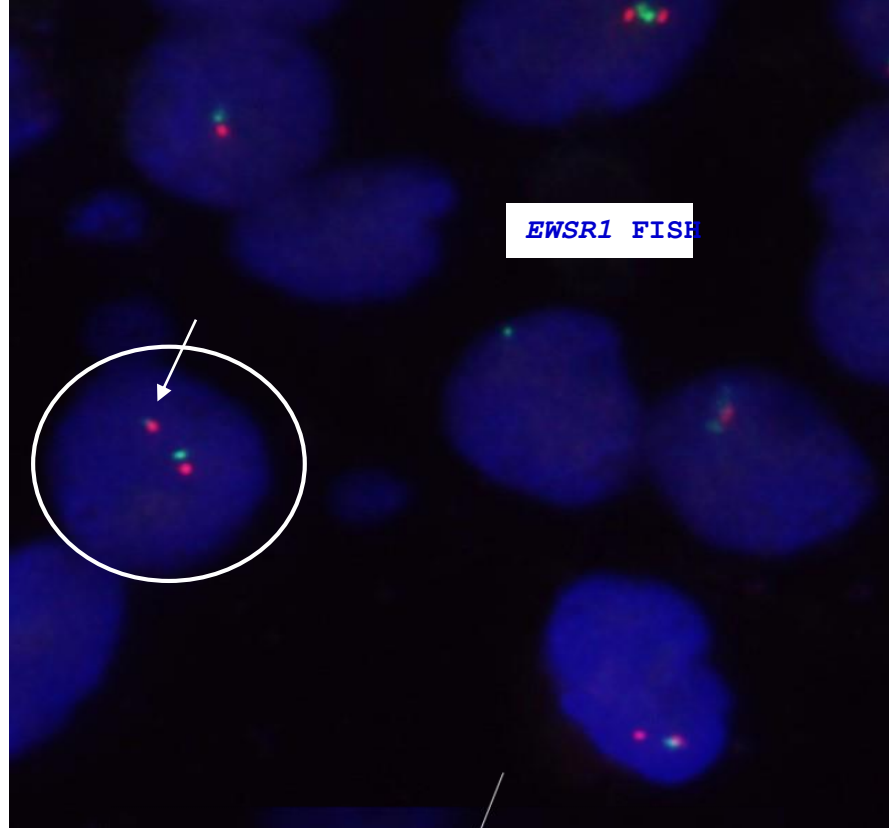
A trucut biopsy (external Hospital) suggestive of hemangioendothelioma







Hemangioendothelioma?, Vascular neoplasm with MDM2 amplification?,
Dedifferentiated liposarcoma?



Alive (free of disease), 26 months of follow-up.



SELNET MDT VIRTUAL MEETING

Jessica G. Meza L.
Medical Oncology
Instituto Nacional de Enfermedades Neoplásicas

Male, 37 y/o - HCL 720218

Personal history:

- Tuberculosis (1y ago - complete treatment)
- Drug consumption - cocaine (since 18 y)

07/2023 → progressively growing right testicular tumor

- Testicular ultrasound (20/12/23): right testicle 56x48x54mm, with suspected NM
- TM (20/12/23): B-HCG: <2, AFP: 1.8 y DHL: 591
- TEM chest and abdomen (21/12/23): Right retrocrural adenopathy 1.5 cm in minor axis. Neoformative lesion in the right testicle with signs of infiltration of the spermatic cord and tumor thrombosis of the ipsilateral gonadal vein. RTP lymph node clusters, the most representative: 7.3 x 10.7 cm in diameter.

Radical orchiectomy (21/12/23) :



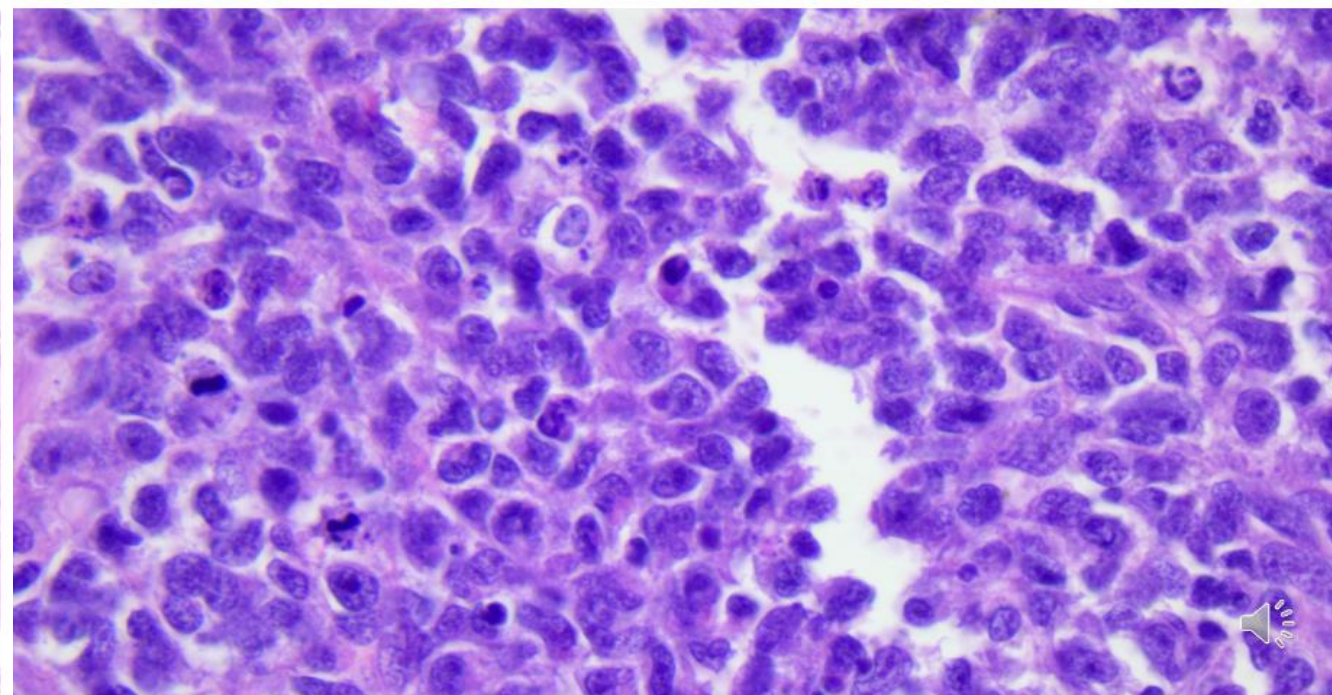
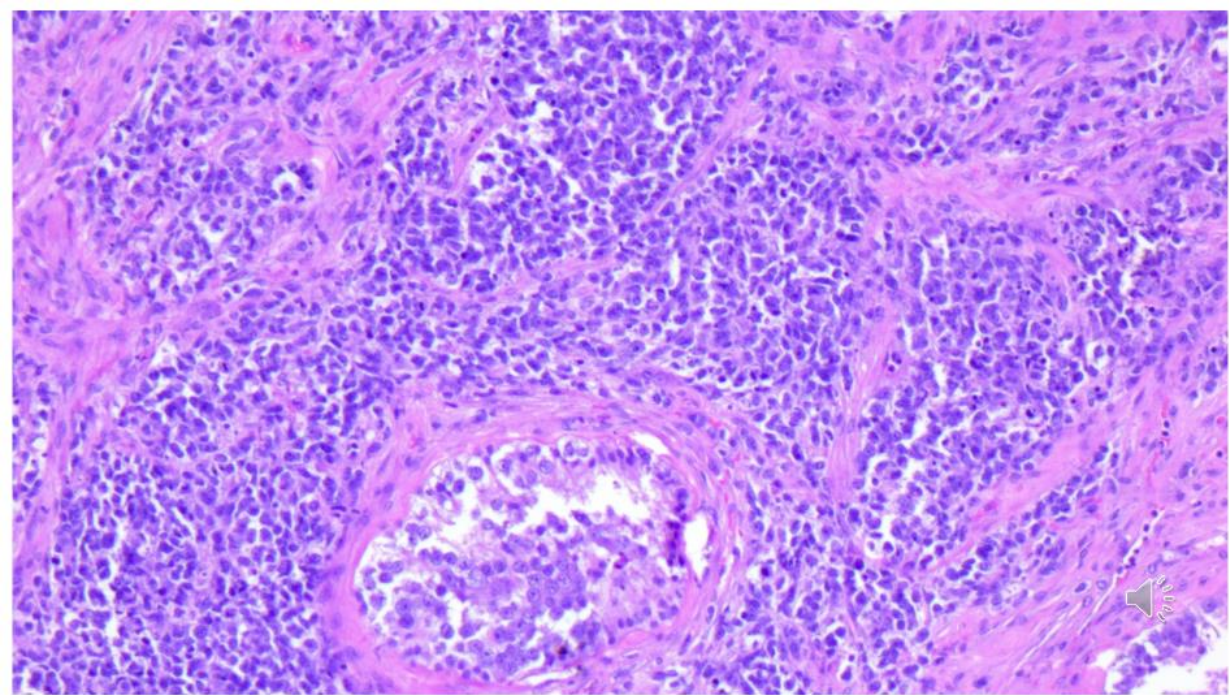
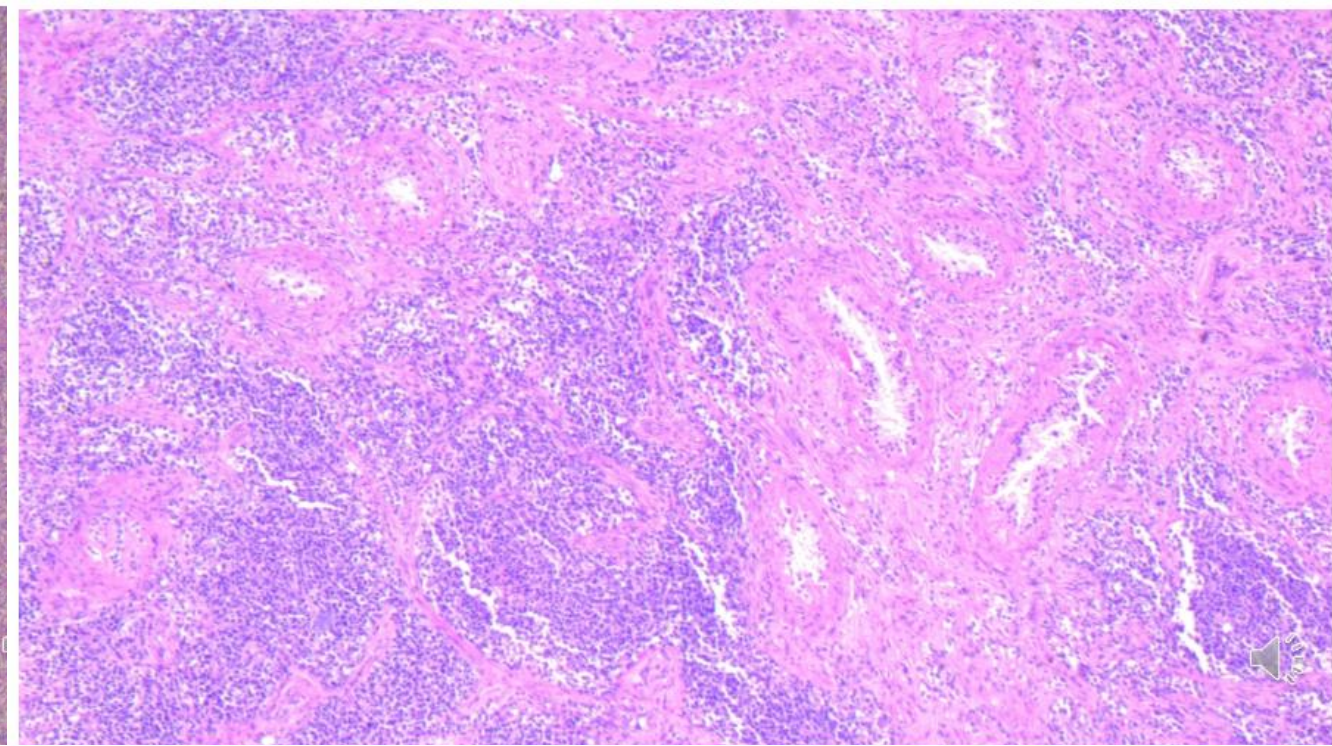
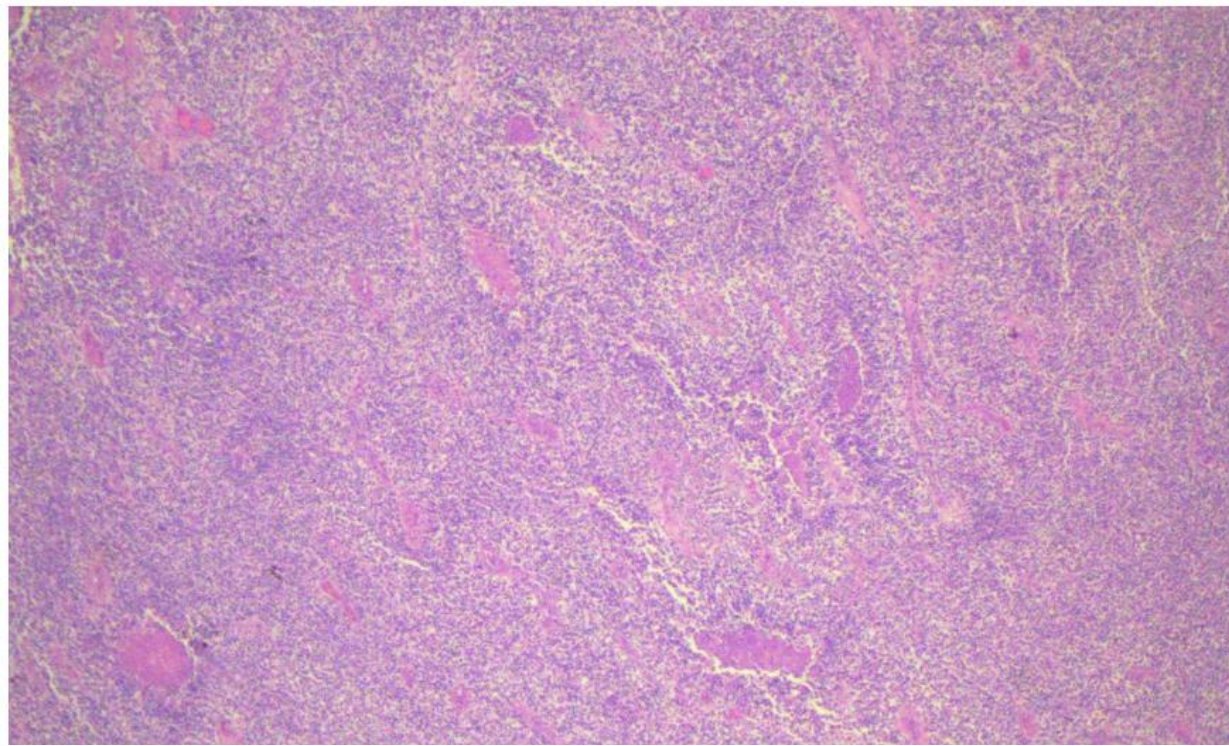
Germ cell neoplasia in situ associated with malignant spindle cell round cell neoplasia and rhabdomyoblastic differentiation

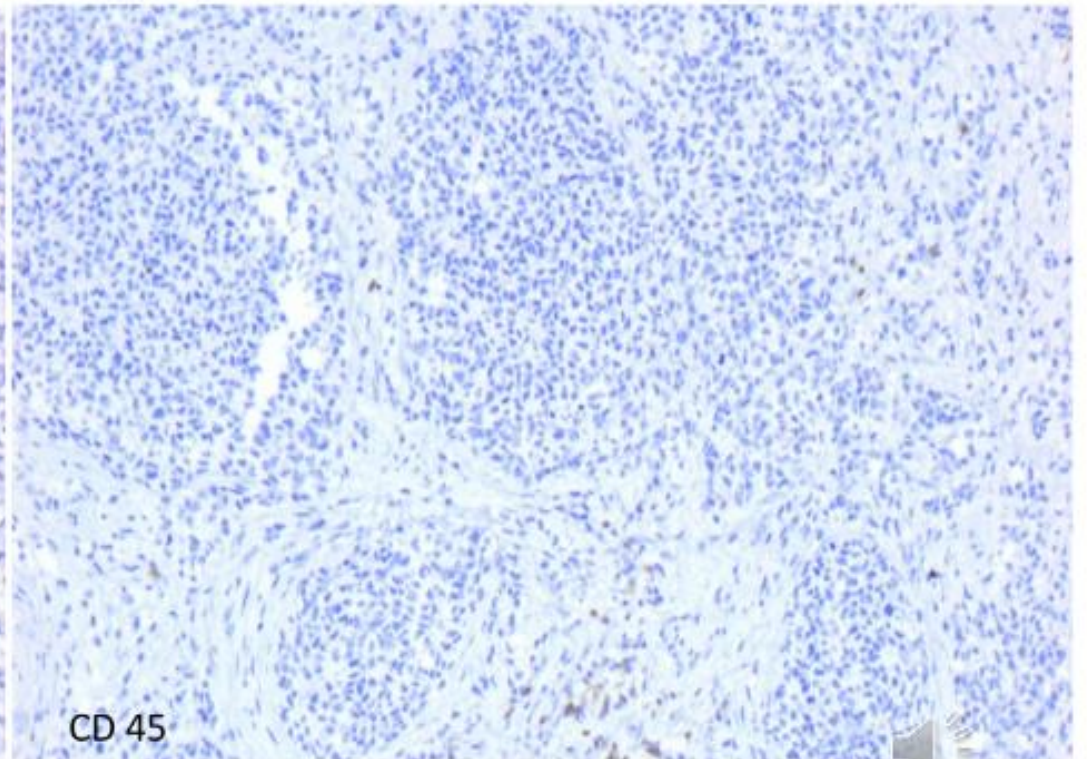
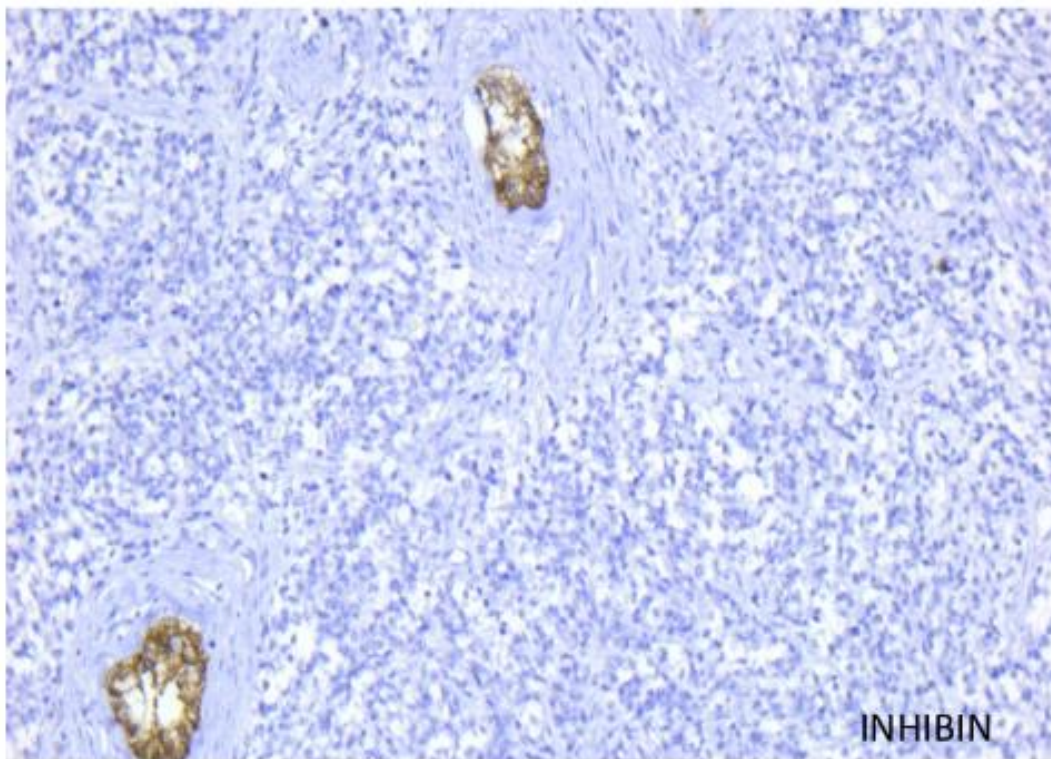
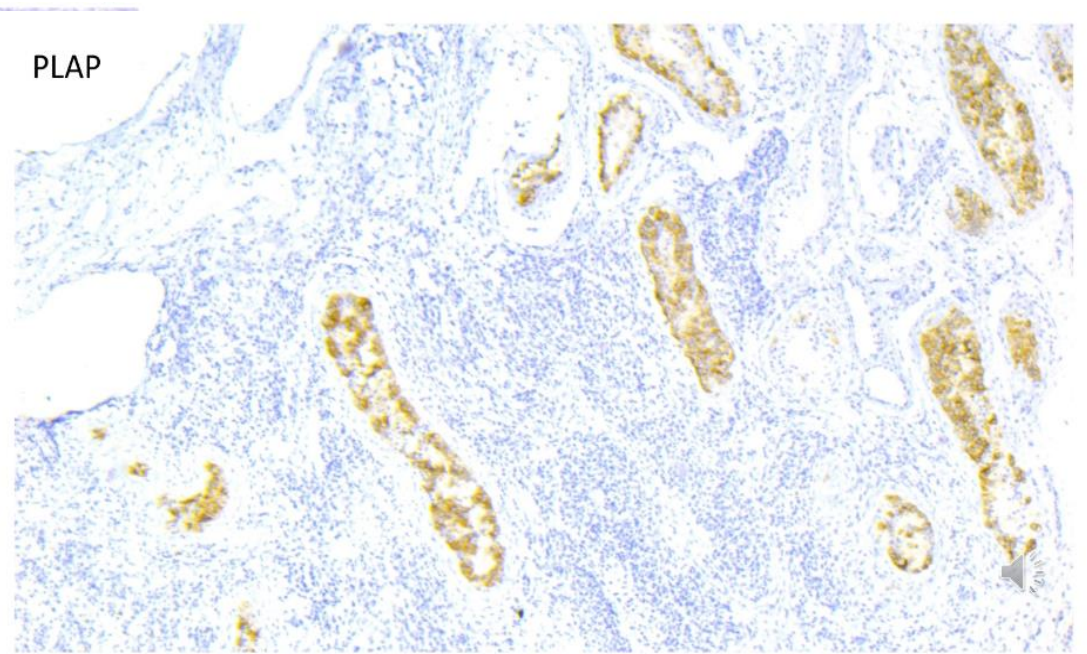
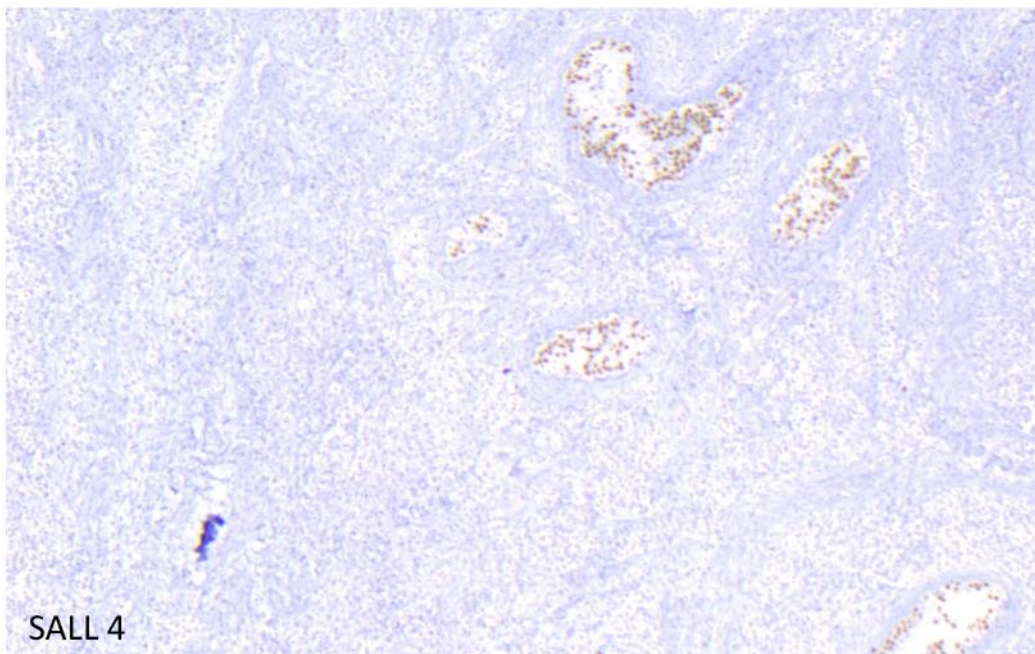
Microscopic description

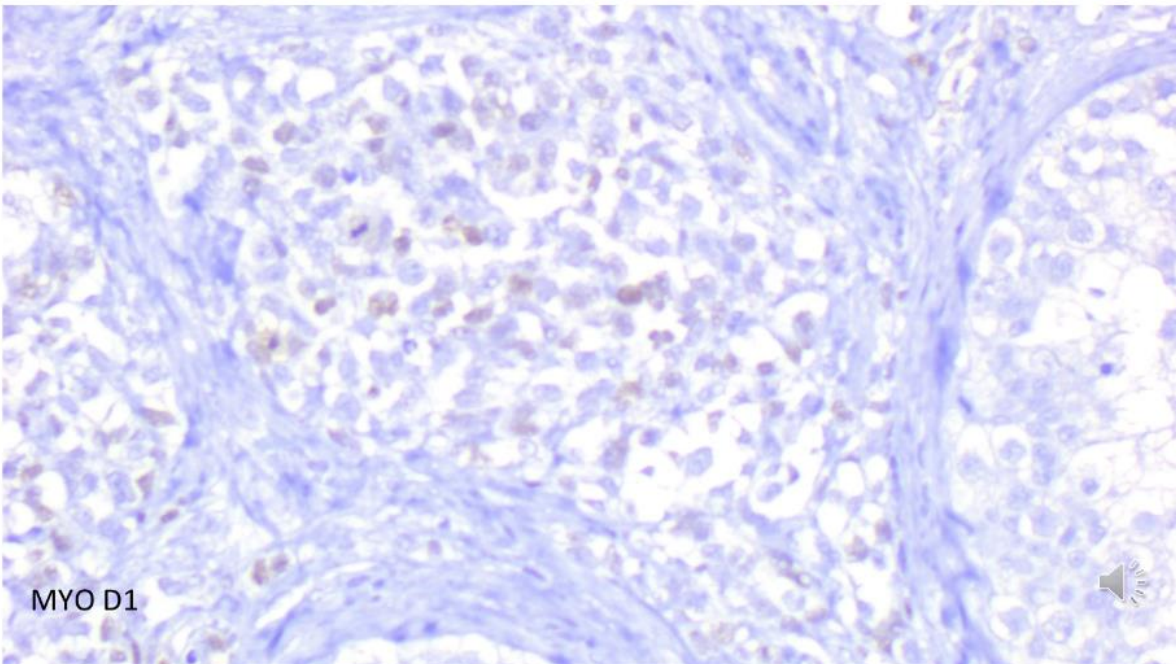
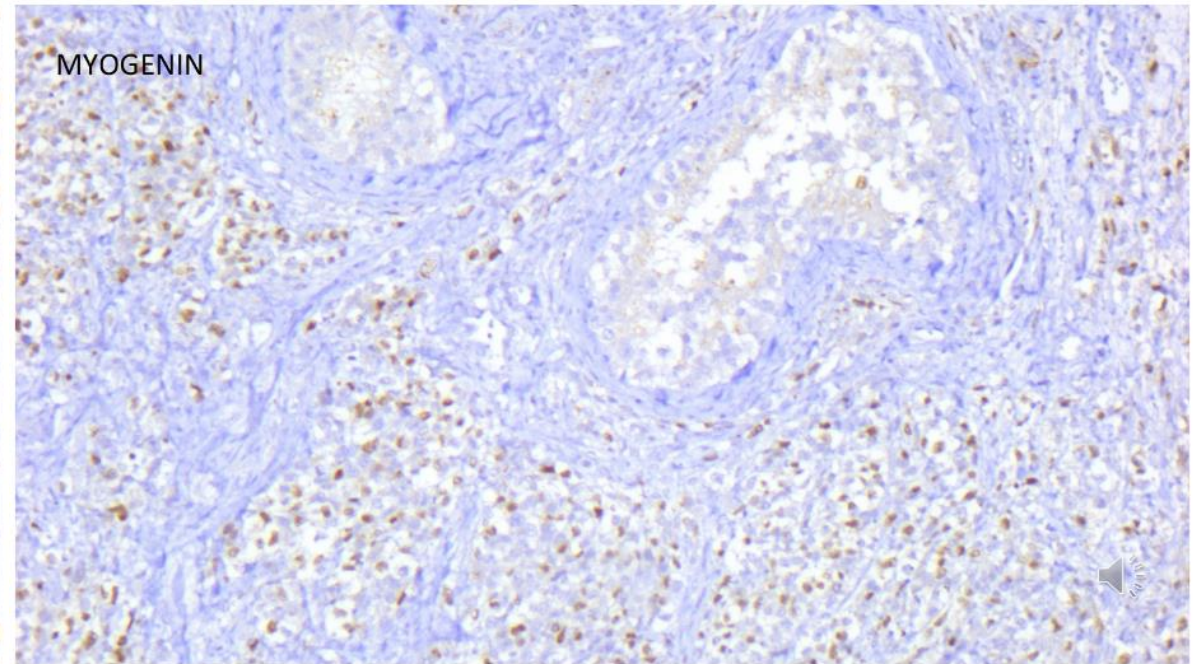
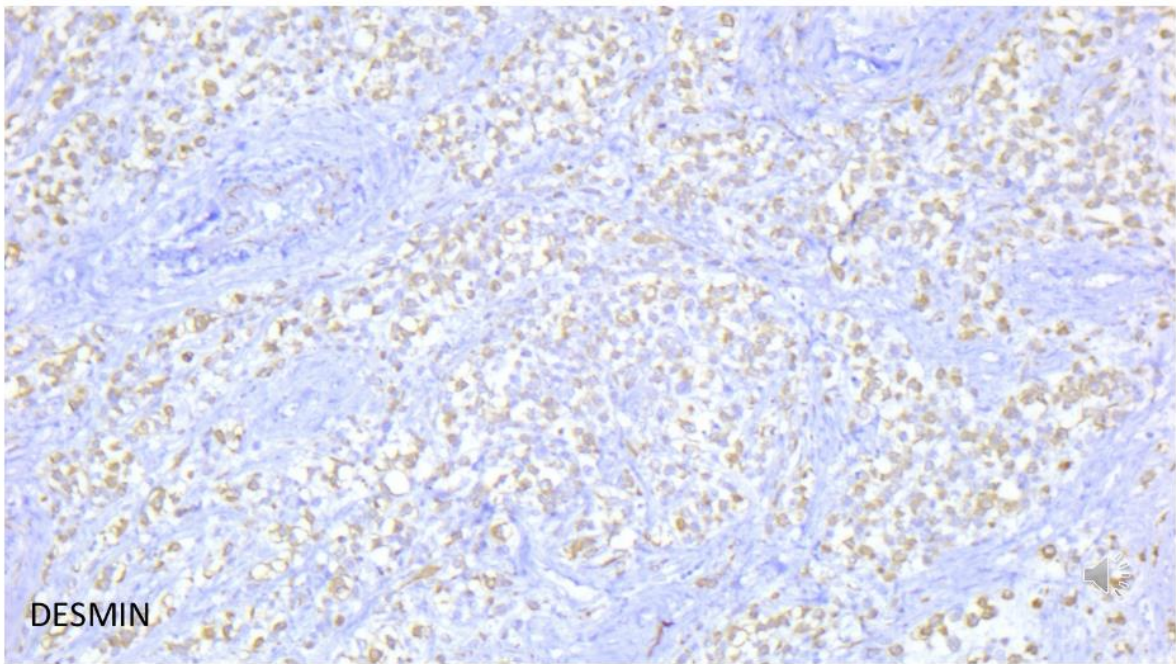
- Microscopic extension of the tumor: Rete testis, hilar fat, spermatic cord
- Lymphovascular invasion: absent
- Margins: Margin of the spermatic cord compromised by the tumor

Macroscopic description

- Focality of the tumor: Unifocal
- Tumor size: Tumor diameter greater than 12 mm
- The appearance of the cut surface of the tumor is light brown, brown fluid is seen escaping
- Macroscopic extension: Confined to the testicle







Immunohistochemistry:

Inhibin: (-)

Calretinin: (-)

WT-1: (+) focal

CD99: (-)

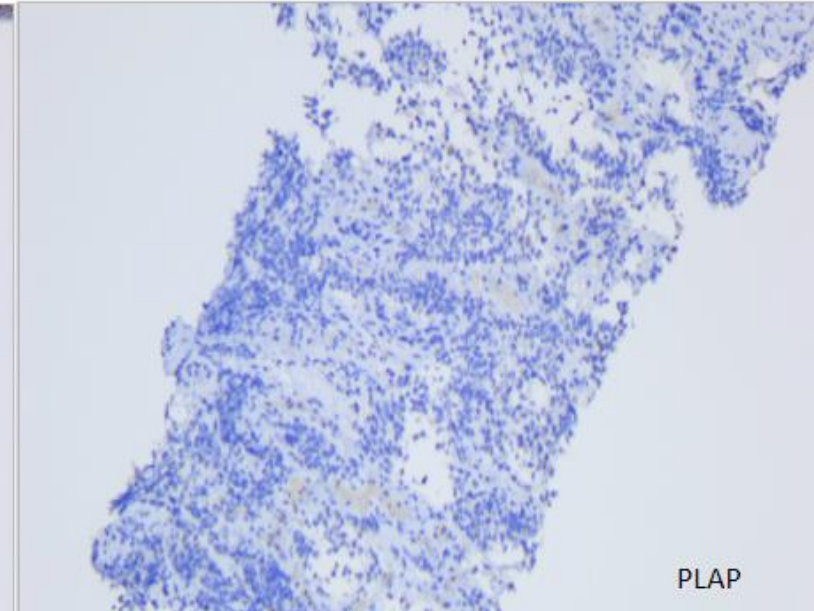
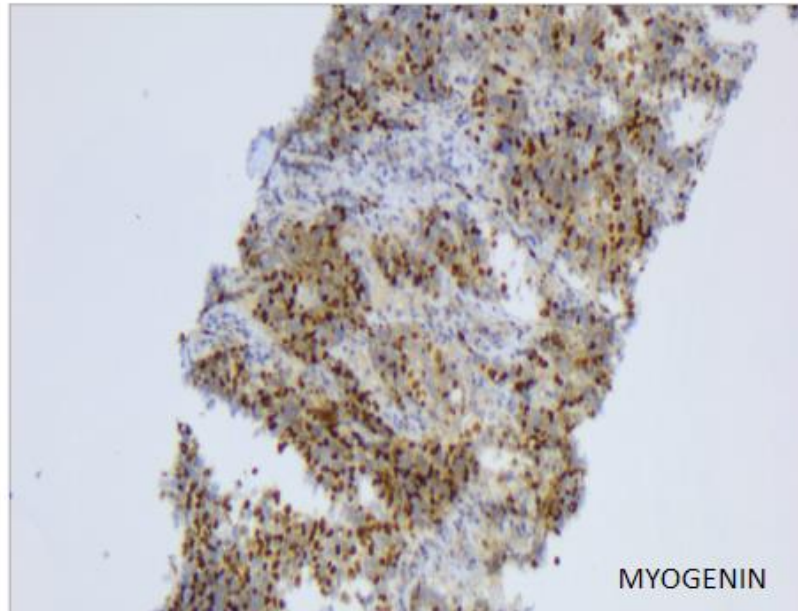
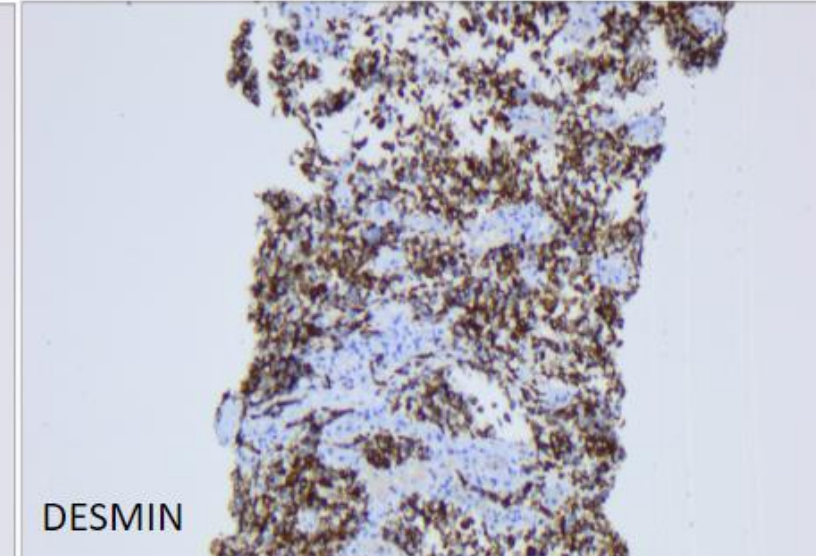
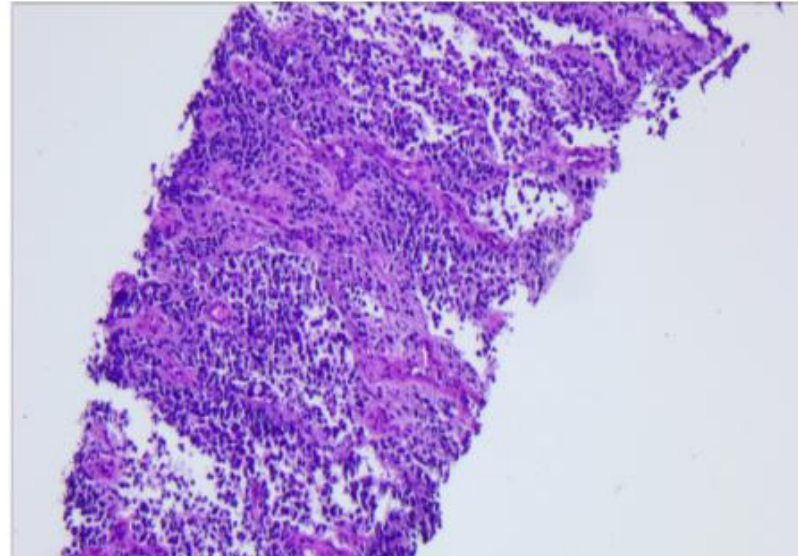
Conclusion:

Alveolar rhabdomyosarcoma with solid pattern as a somatic mesenchymal component of a seminoma-type germ cell tumor in situ

Retroperitoneal tumor biopsy:

Rhabdomyosarcoma metastasis, viable
IHQ:

- Desmin (+)
- MYO D1 (-)
- Myogenin (+)
- PLAP (-)



Is the diagnosis based on germ
cell tumor vs
rhabdomyosarcoma?

**GERM CELL TUMOR 1° RIGHT TESTICULAR ECIIIC (pT3N1M1)
WITH DIFFERENTIATION TO RHABDOMYOSARCOMA**

VS

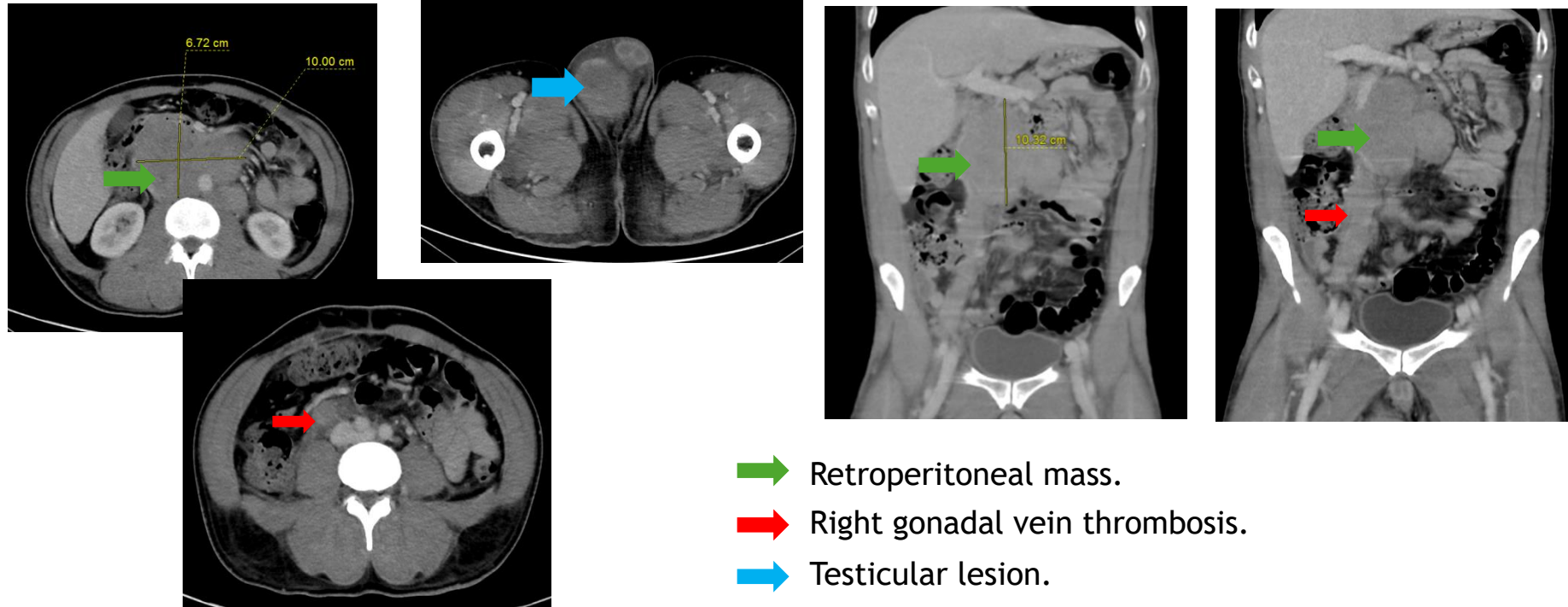
**RHABDOMYOSARCOMA 1° RIGHT TESTICULAR ECIV TO RTP - IRSG
IV**

- Currently patient has started treatment
- VAC/IE - Week 13
 - Without complications

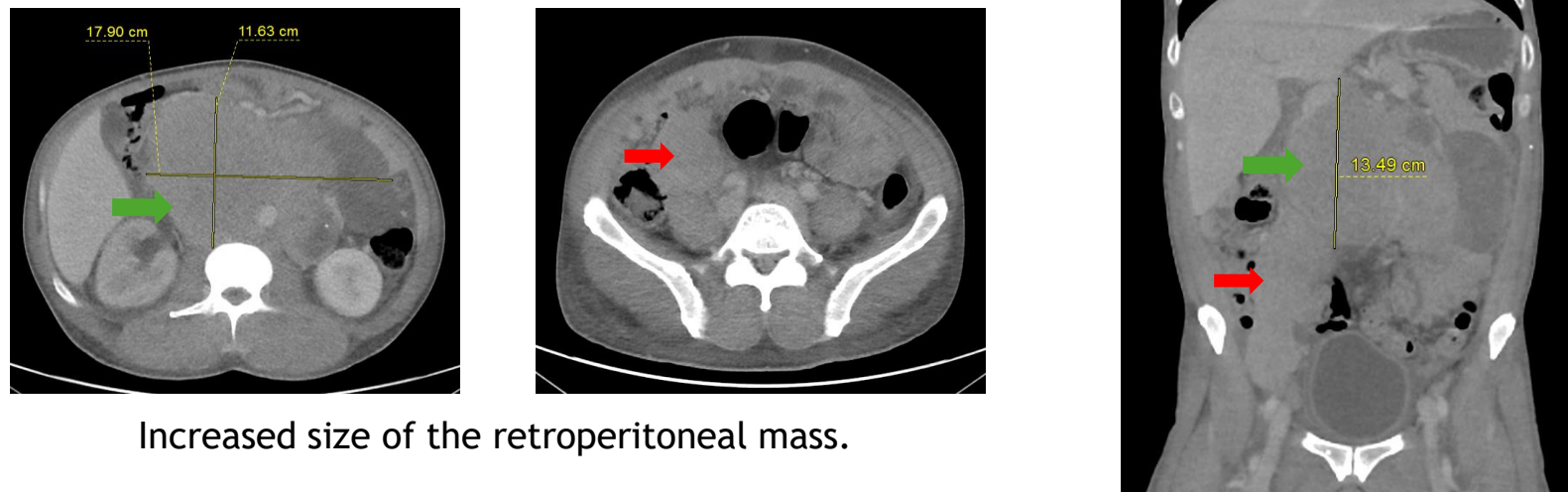
BODY CT

HC 720218

FIRST CT 12/20/23

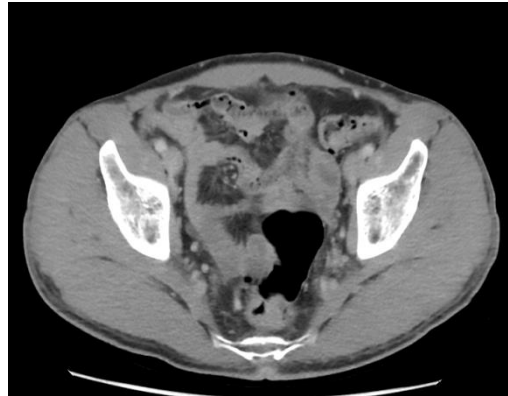
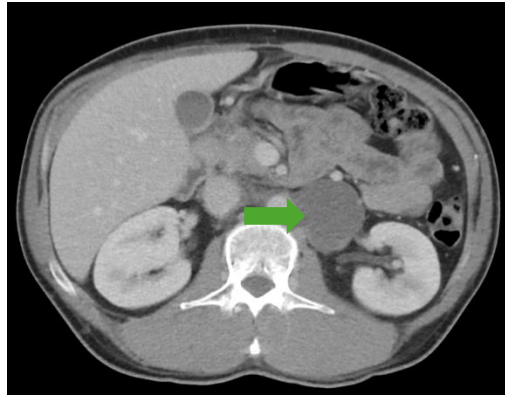
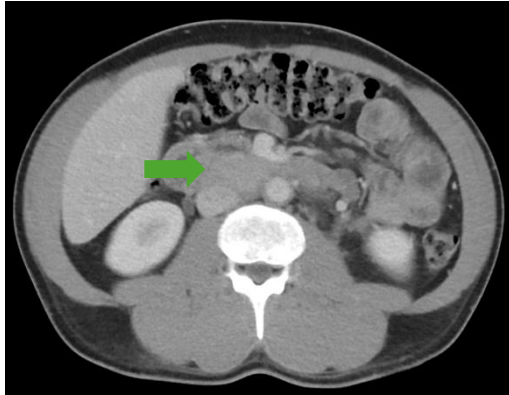


SECOND CT 02/02/24



BODY CT

THIRD CT 06/24/24



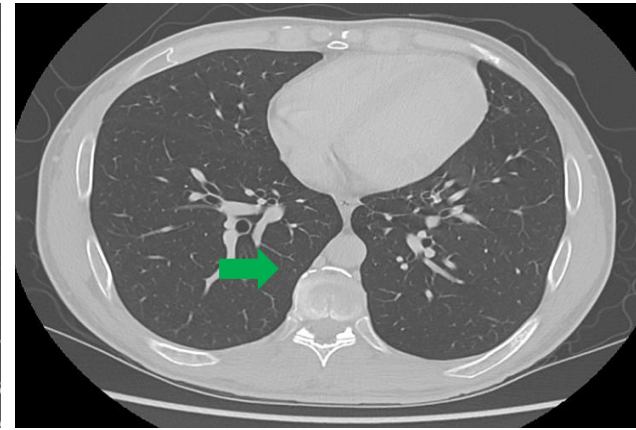
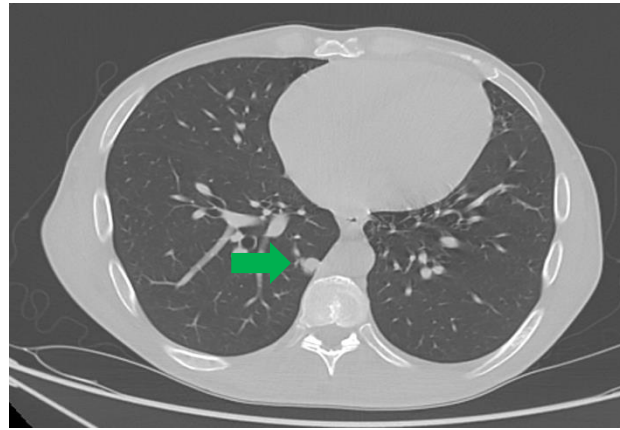
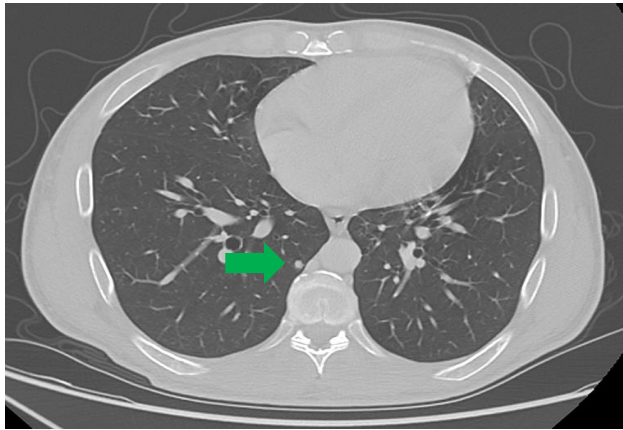
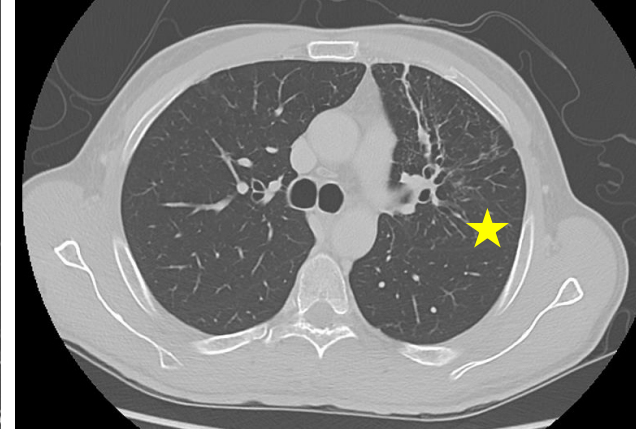
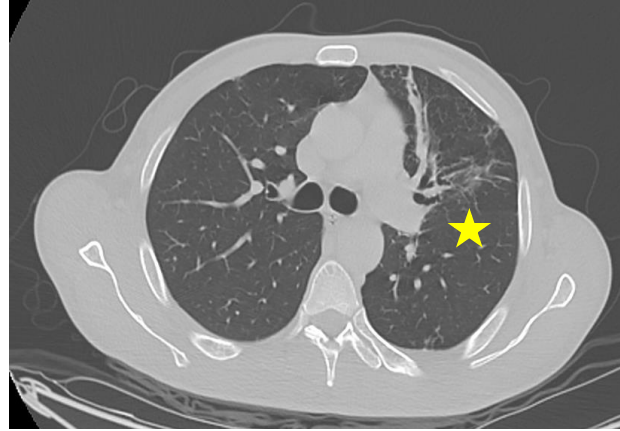
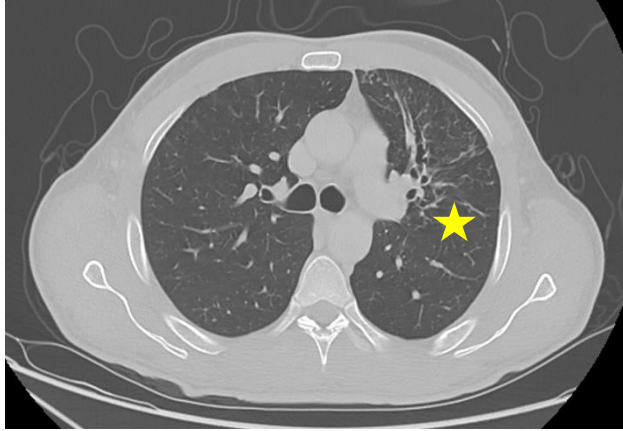
Decreased size of retroperitoneal mass.

CHEST CT

FIRST CT
12/20/23

SECOND CT
02/02/24

THIRD CT
06/24/24



★ Fibrocatricial alterations of sequelae appearance.

➡ Evolution of the secondary lung nodule.

Questions

- Is the diagnosis based on germ cell tumor vs rhabdomyosarcoma?
- Is there a genomic study to distinguish between both histologies?
- What is the best treatment option?
- What is the patient's prognosis?
- If you considered a patient with germ cell tumor, do we have the option of transplant treatment in case of no response?



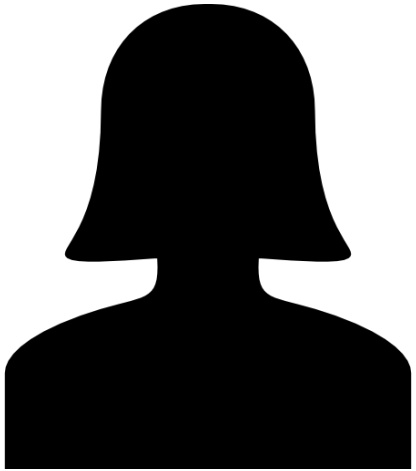
VIRTUAL MDT BOARD

27TH JUNE 2024

Melanie Castro Mollo
Medical Oncology
Instituto Nacional de Enfermedades Neoplásicas
Lima- Perú



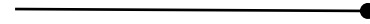
CLINICAL CASE



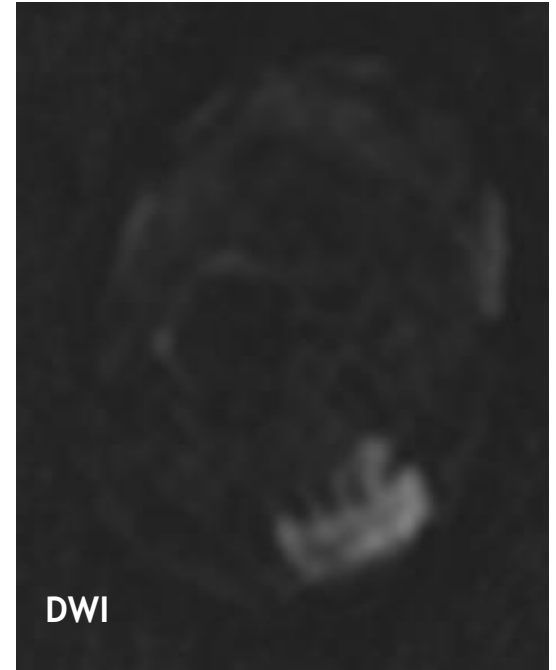
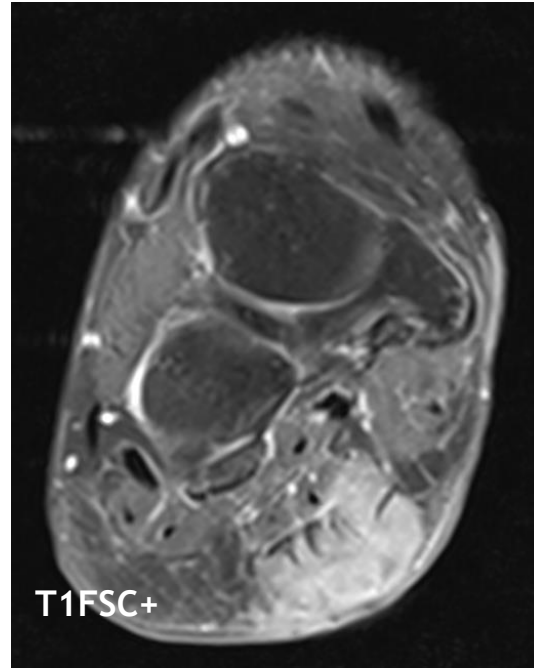
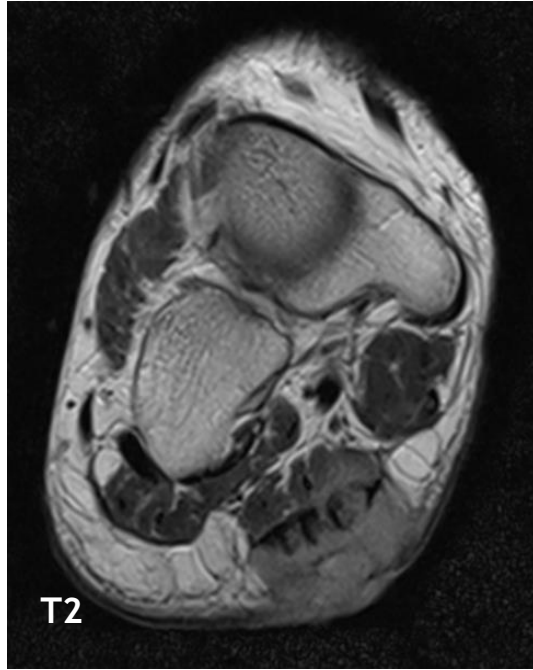
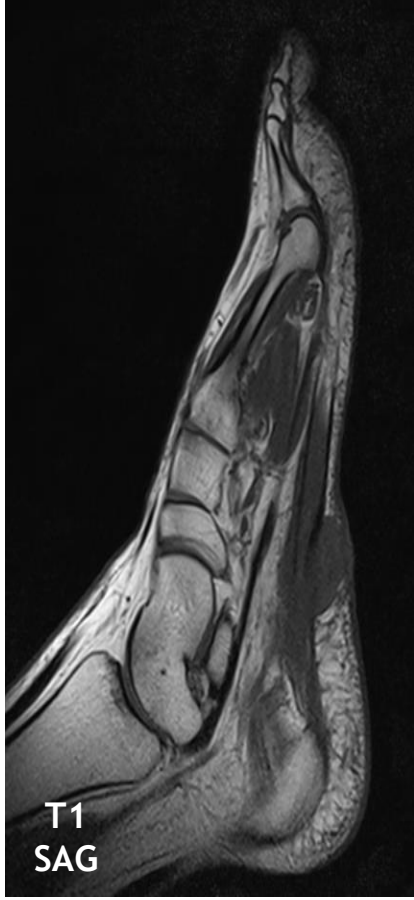
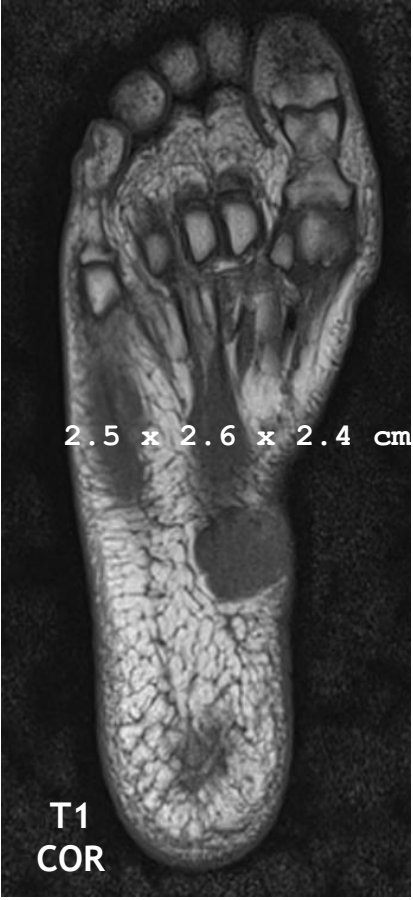
Woman
37 y/o
Occupation:
nurse
No comorbidities
No family
history



3 years tumor
left plantar
region, during
the last year
shown a rapid
growing



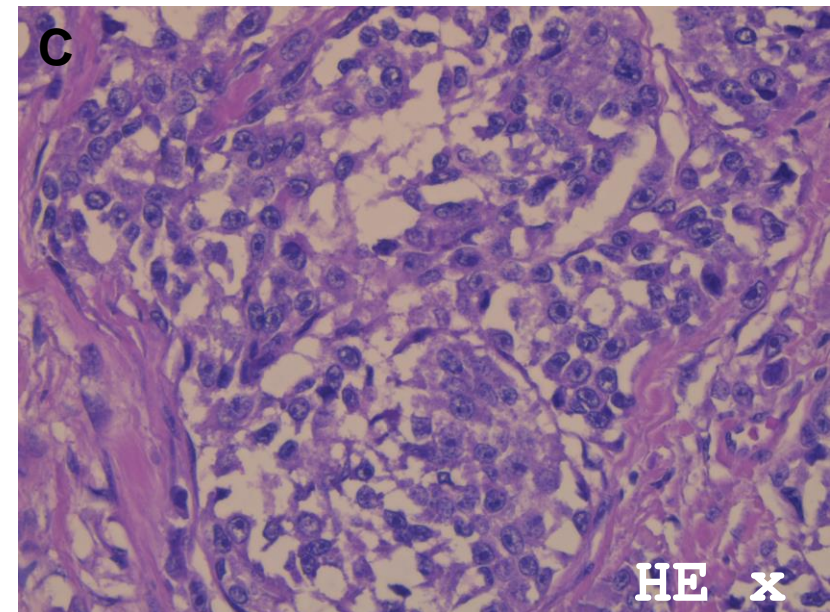
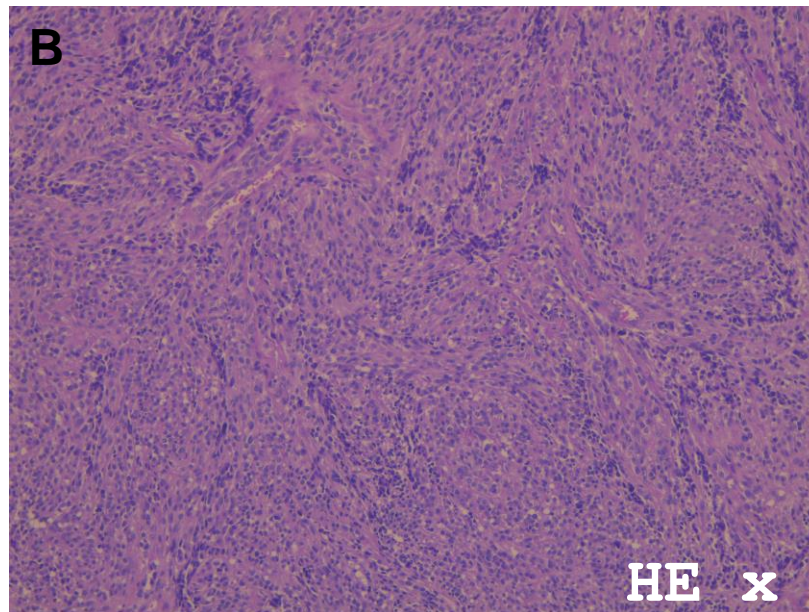
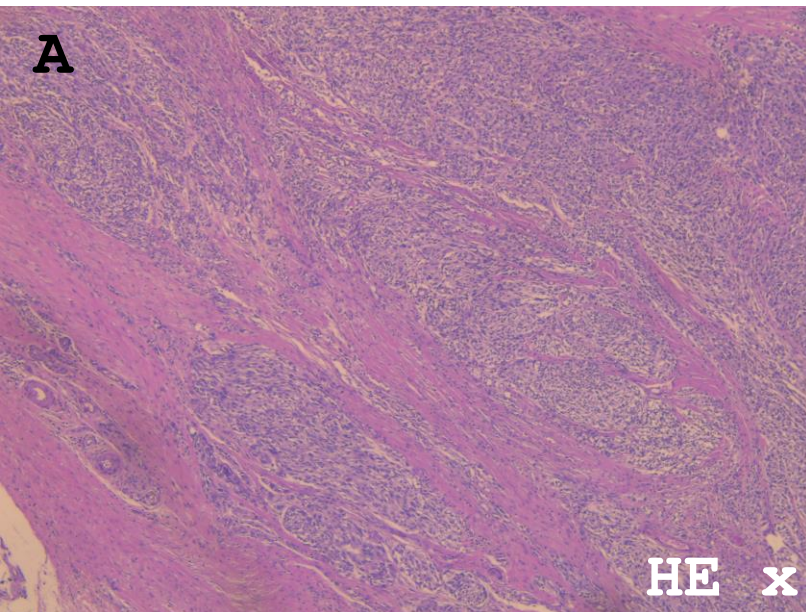
21 Oct 2023
Local
resection:
**Malignant
Peripheral
Sheath Tumor**



Admission
15 Nov 2023

MRI (15.11.23): Nodular lesion infiltrating skin, dermis and flexor digitorum brevis muscle of the fingers. It has enhancement and restriction on DWI.

CT SCAN (27.11.23): no distant lesions



Pathology
revision :

Fibrous tissue
infiltrated by
malignant
melanoma

- SOX 10 (+)
- **S100 (+)**
- TLE-1 (-)
- KERATIN (-)
- HBM45 (+)
- **MELAN A (FOCAL +)**

(A) Fascicles of epithelioid and spindle cells surrounded by fibrocollagenous tissue contiguous with the adjacent tendons, like dissecting the fibrous stroma (5x objective, 50 augments),

(B) Spreading sheets of epithelioid and spindle cells (10x objective, 100 augments),

(C) Nests of epithelioid spindle cells with clear eosinophilic cytoplasm and prominent nucleoli (40x objective, 400 augments)



11 Jan 2024

Wide local resection:

**Predominantly epitheloid
melanoma that forms an
intradermal nodule that
infiltrates soft
tissues,
TT 25mm.**



16 Feb 2024

Pathology revision:
Differential diagnosis
CLEAR CELL SARCOMA

IHQ:

- Melan A (+)
- S 100 (+ focal)
- HMB (+)
- Ki 67: 20%

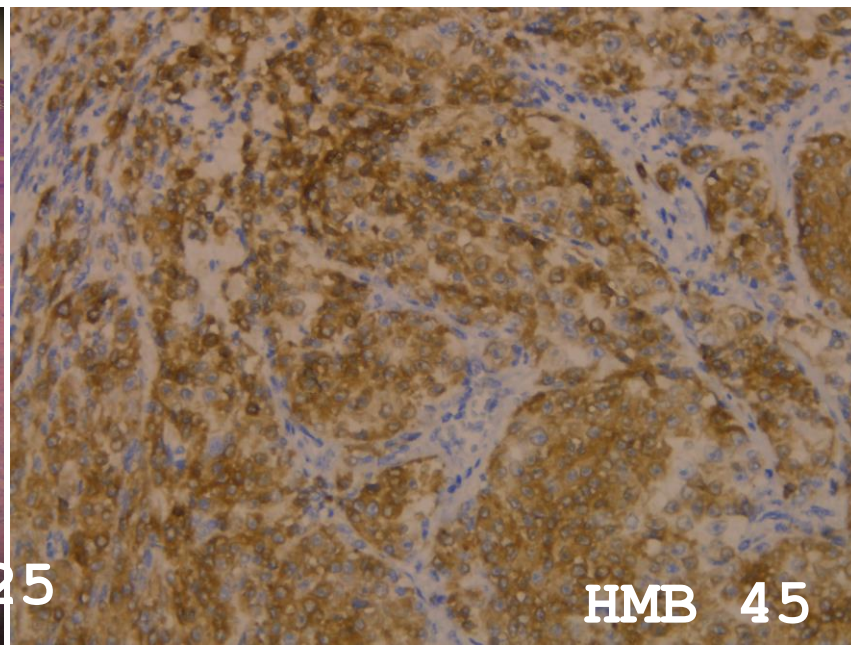
BRAF: Negative

EWS PCR panel:

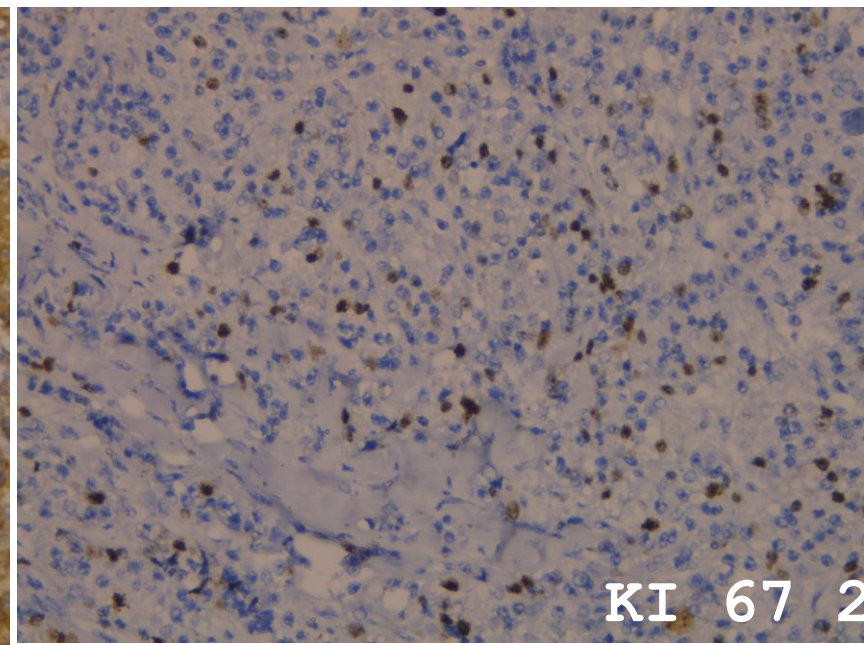
- EWS FLI 1/2 (-)
- ERG (-)
- ETV1 (-)
- ETV 4 (-)



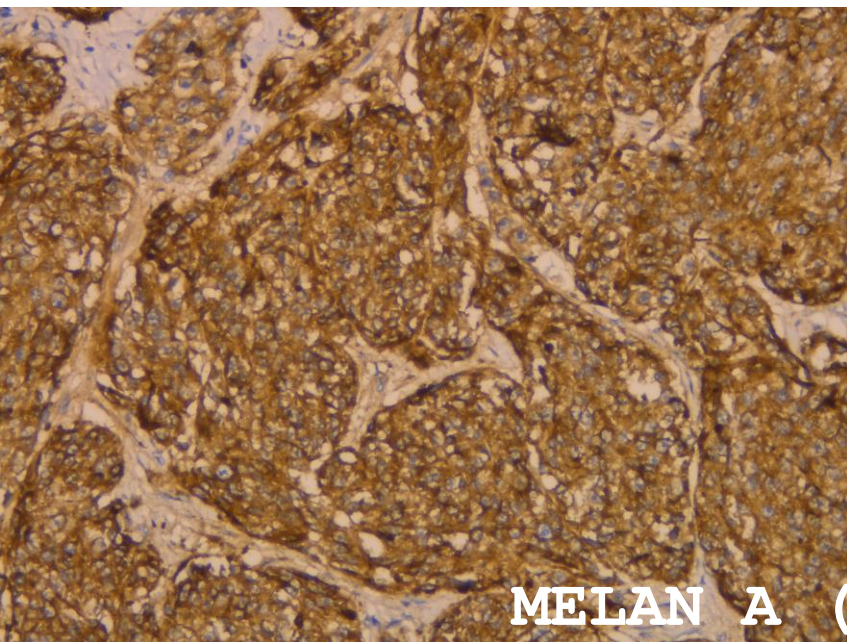
HE x 25



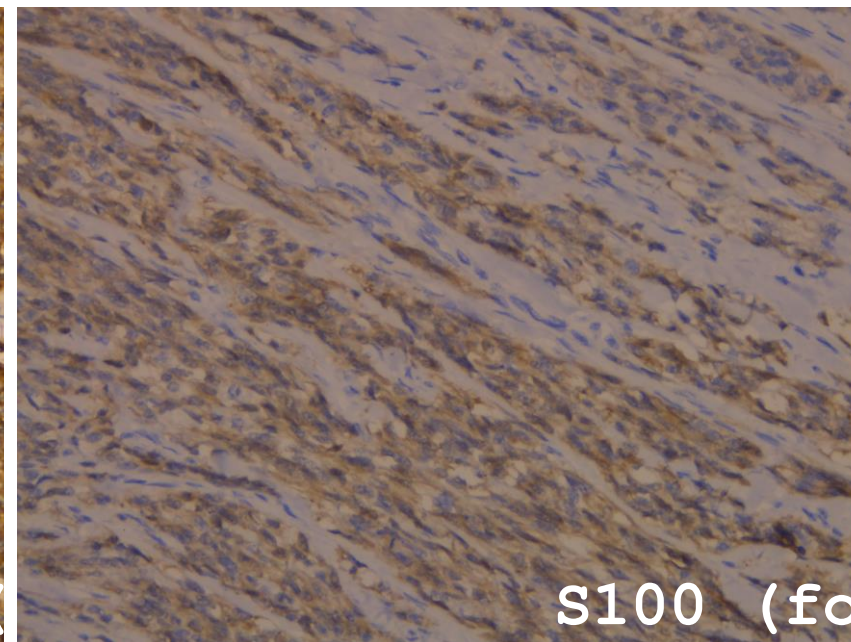
HMB 45



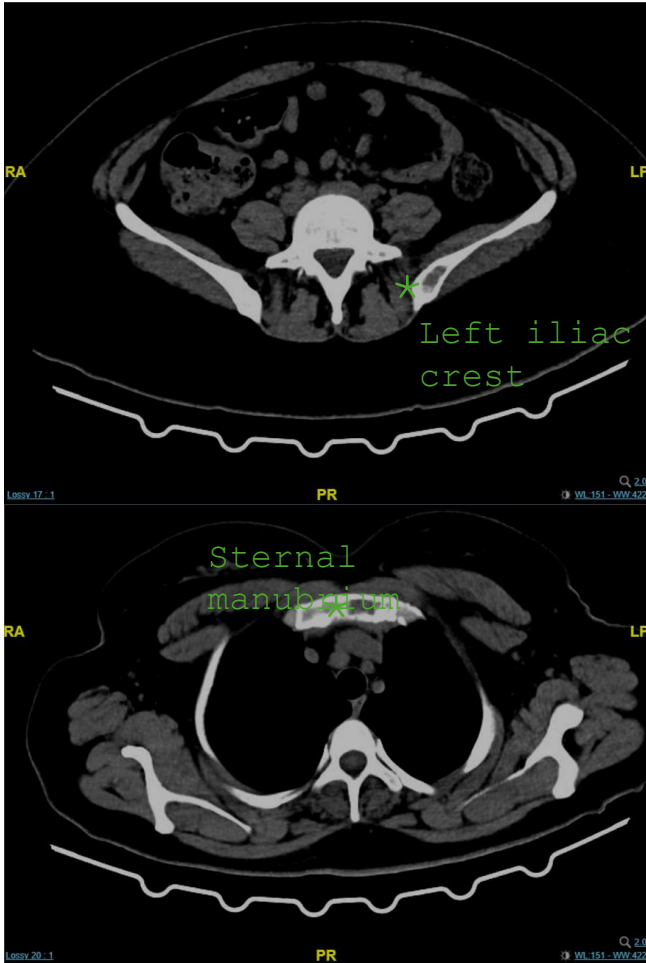
KI 67 2



MELAN A (



S100 (fo



27 March 2024
Oligoprogression

Treatment

Adriamycin 60 mg/m²
1st 08 May 2024

Radiotherapy for focal
lytic bone lesions

QUESTIONS

- What is the best diagnostic image for CSS? Does PET SCAN has a role?
- Which IHC marker are important in distinguish CSS vs melanoma?
- What other molecular test could help us in the diagnosis ?
- What is the best systemic treatment ?

SELNET



Virtual MDT Board

Pedro Henrique Benfatti Gomes, MD

Clinical Oncology Resident
A.C. Camargo Cancer Center
Sao Paulo, Brazil

June 2024



Virtual MDT Board

BACKGROUND: 34 yo, female, no comorbidities, works as flight attendant.

- Maternal grandfather had Esophageal Cancer
- Maternal aunt had Breast Cancer at 40yo
- Paternal aunt had Breast Cancer at 53yo

ONCOLOGICAL SUMMARY:

- **Feb/22:** low back pain radiating to the legs. No neurological symptoms
- **Jun/22:** TC and MRI showing osteolytic lesion on S1 and S2
- Bone lesion in the **sacrum, mainly in S1 and S2 on the left**, noting an area of anterior bone erosion and adjacent soft tissue component, associated with cystic formations in between and discrete adjacent bone edema, **measuring approximately 78 x 38 x 55 mm. Note the narrowing of the S1 and S2 neuroforamen bilaterally, with compression of the corresponding roots. No compression of the spinal cord.**



Virtual MDT Board

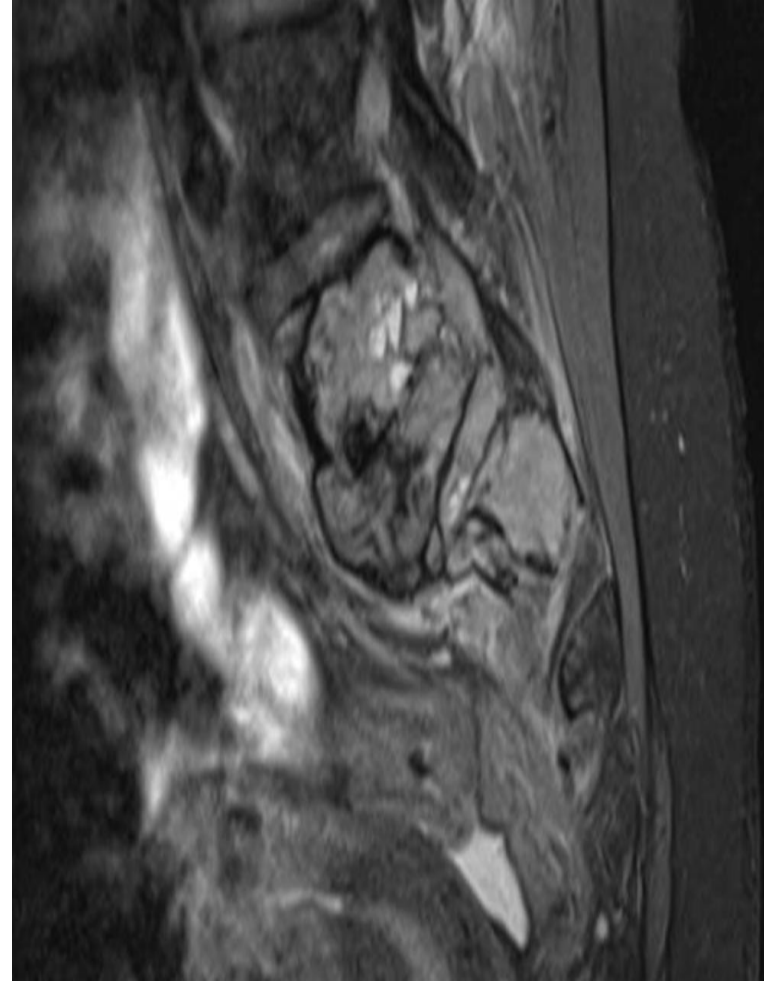
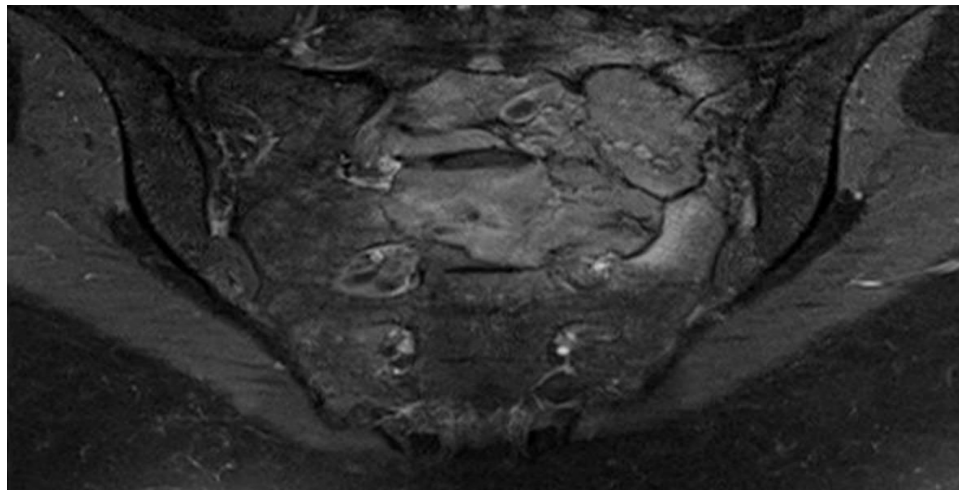
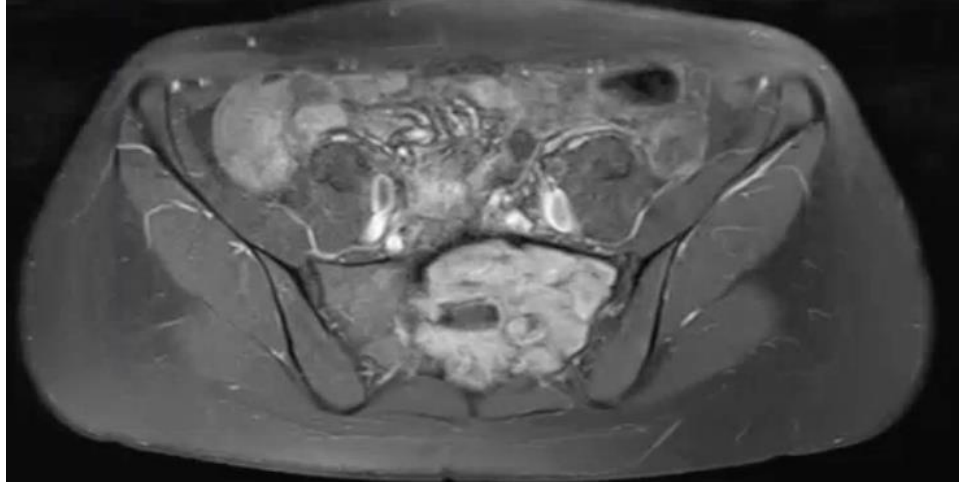
TOMOGRAPHY JUN/22





Virtual MDT Board

MRI JUN/22





Virtual MDT Board

BIOPSY

LAUDO ANATOMOPATOLÓGICO

Macroscopia

1 Biópsia de lesão sacral:

O material recebido para exame consta de múltiplos fragmentos filiformes de tecido pardo, opaco, liso e elástico que medem em conjunto 1,2 x 0,7 x 0,1 cm. O espécime foi totalmente submetido a exame histológico. MF / 2C

1-A -

Microscopia

1 Biópsia de lesão sacral

* Tumor de células gigantes ósseo.

Nota: Foi solicitada a realização de estudo imuno-histoquímico para complementação diagnóstica.

LAUDO DE IMUNOFENOTIPAGEM

Lauda Interno: IH22-004534

Material: Biópsia de lesão sacral

Identificação do bloco: H22-019730 (1-B)

A expressão dos seguintes antígenos foi pesquisada no material discriminado, utilizando-se o método HRP polimérico livre de biotina, com os seguintes resultados:

Anticorpo (Clone-Fabricante): Resultado

Histona H3.3 G34W (RM263-RevMAb Biosciences): positivo nas células neoplásicas.

CONCLUSÃO: O perfil imuno-histoquímico, associado aos achados morfológicos, corrobora o diagnóstico de Tumor de células gigantes ósseo.



Virtual MDT Board

Jul/22: Tumor Board: systemic treatment with Denosumab 120mg q4w plus oral intake of calcium and vitamin D. Not eligible for surgery or local treatment due to morbidity

Aug/22: Complete pain relief after C1

Nov/22: Tumor Board: maintain clinical treatment. No surgery or local treatment recommended

Aug/23: Tumor Board: Denosumab 120mg q8w

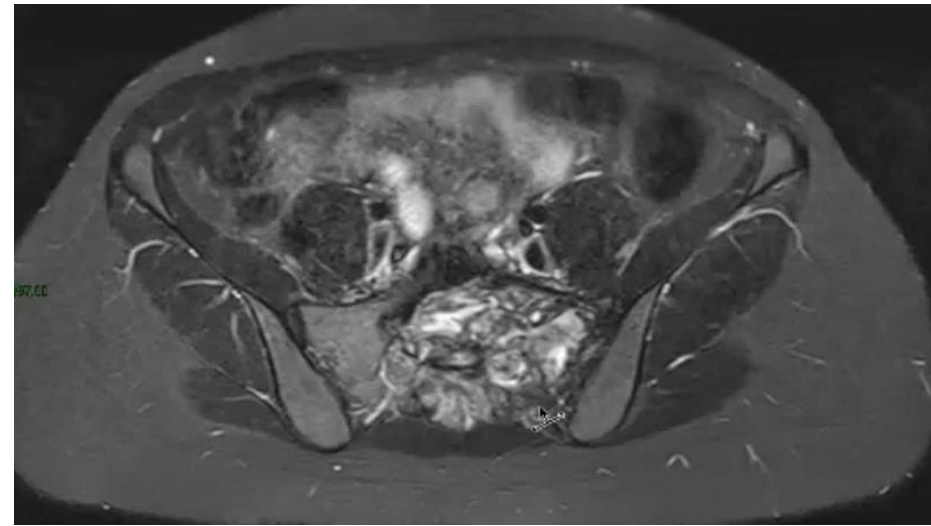
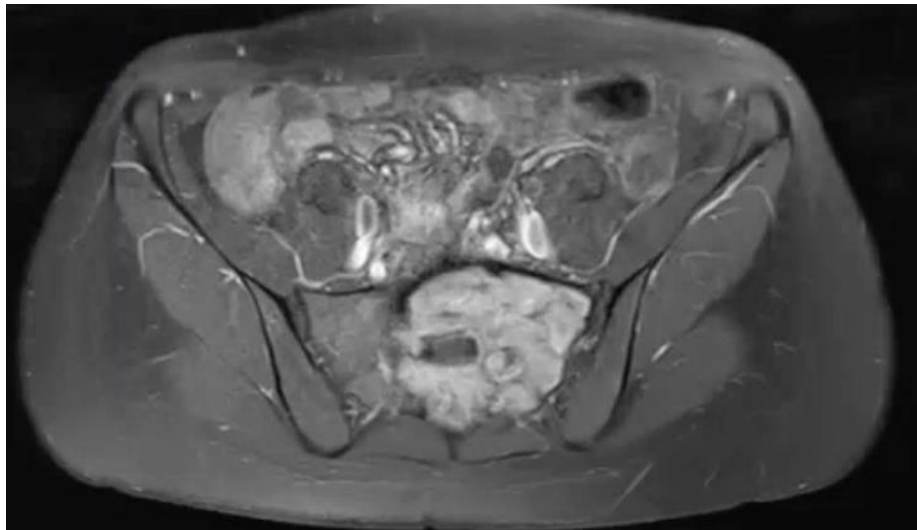
Dec/23: Denosumab 120mg q12w

Jun/24: Complete clinical response and stable lesion on MRI
Tumor Board: denosumab maintenance.



Virtual MDT Board

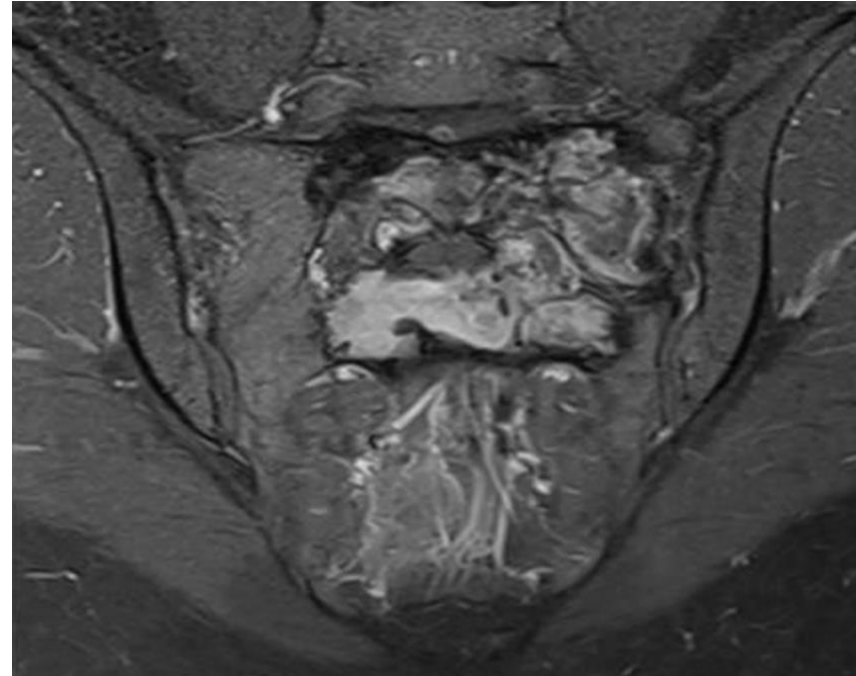
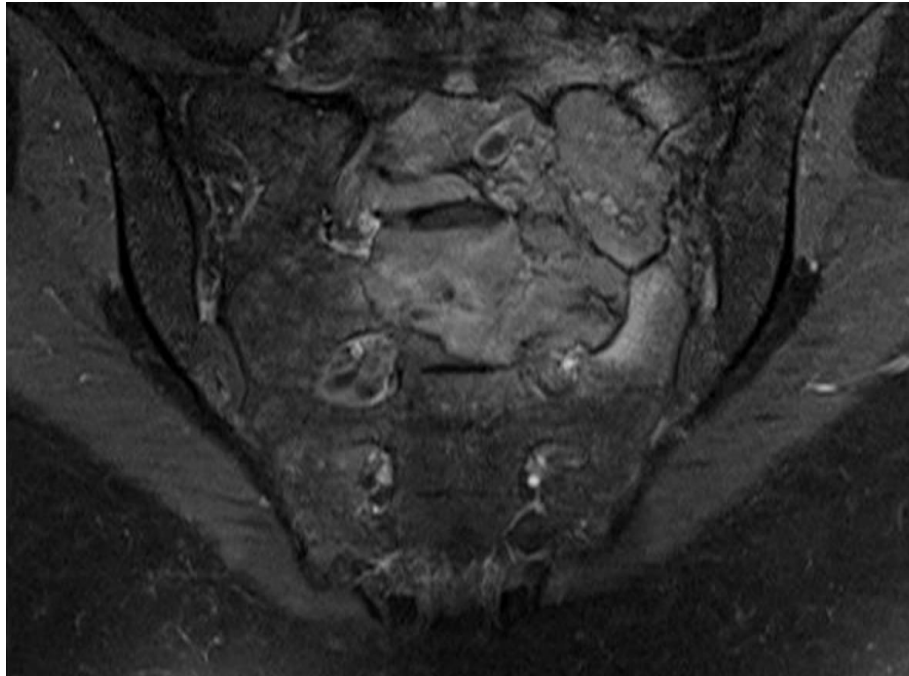
RMI COMPARISON: JUN/22 to JUN/24





Virtual MDT Board

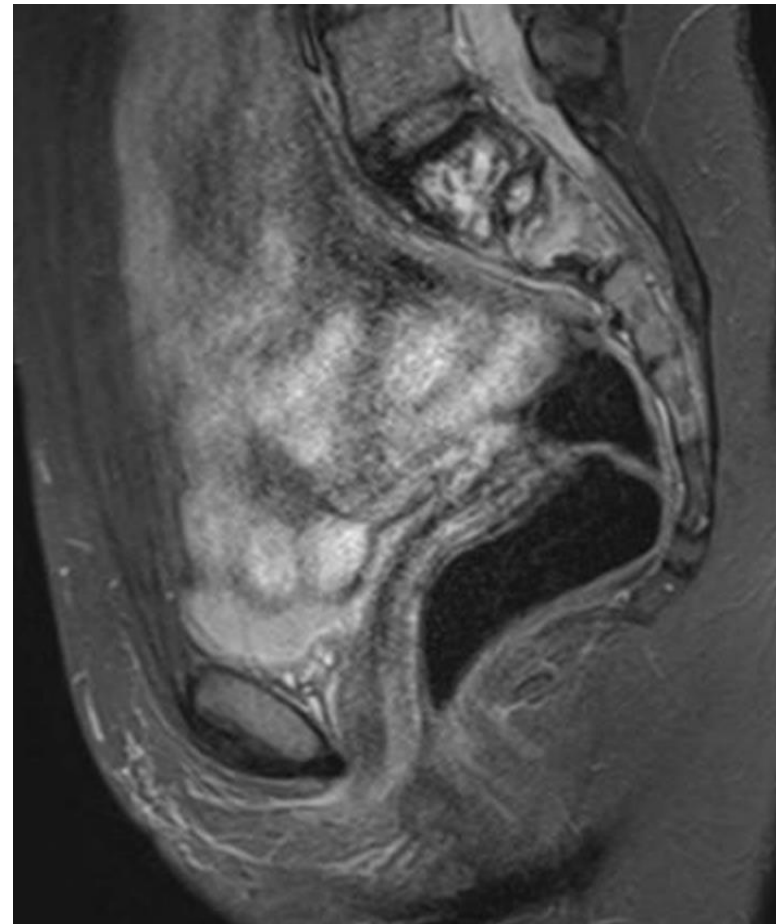
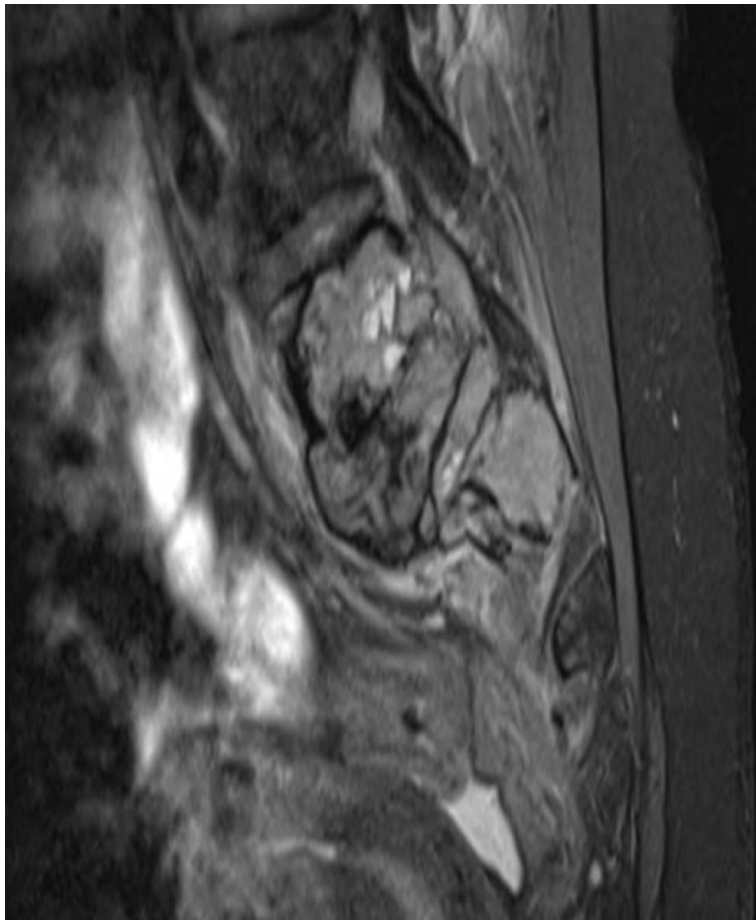
RMI COMPARISON: JUN/22 to JUN/24





Virtual MDT Board

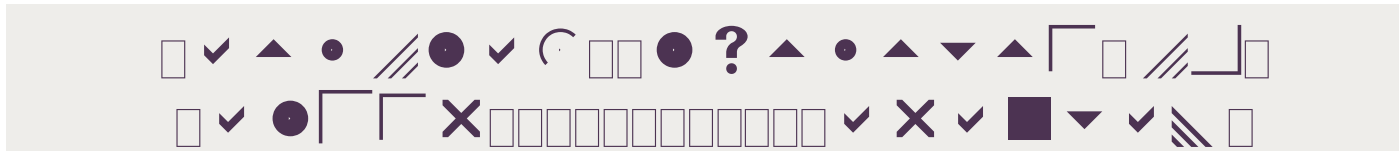
RMI COMPARISON: JUN/22 to JUN/24





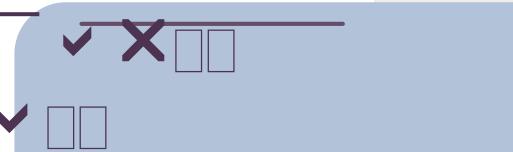
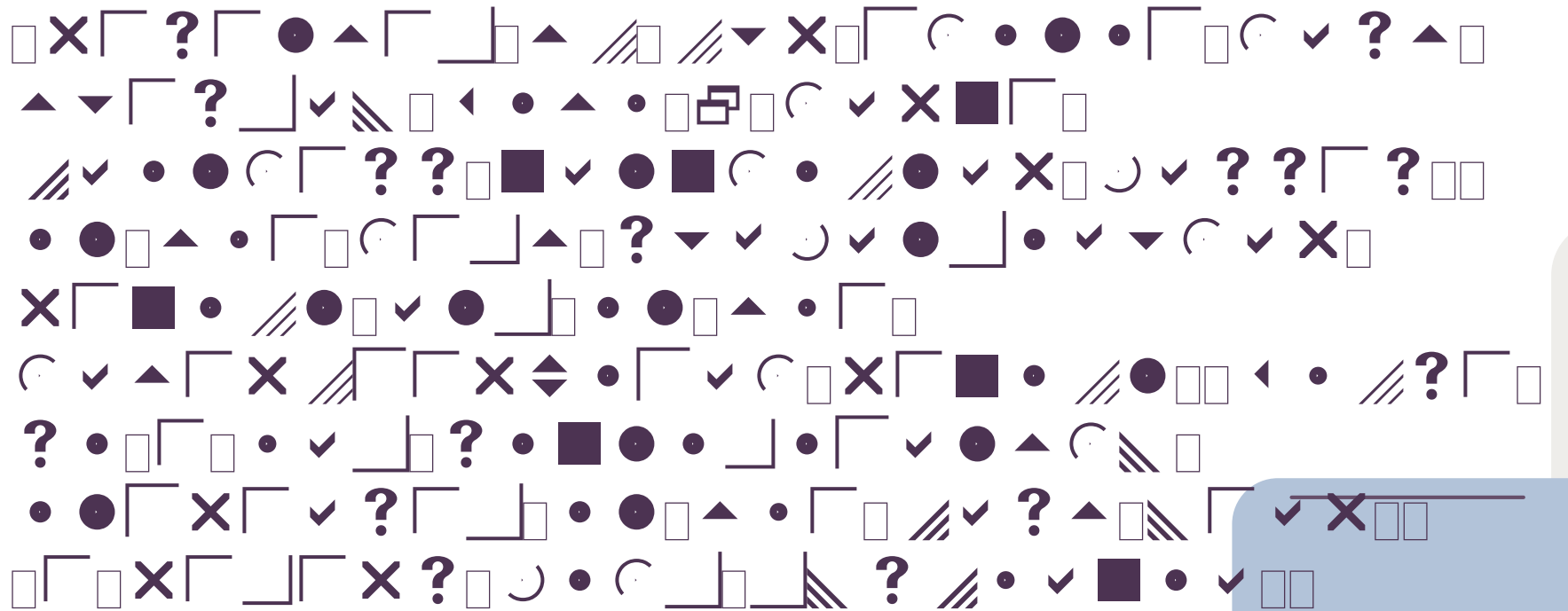
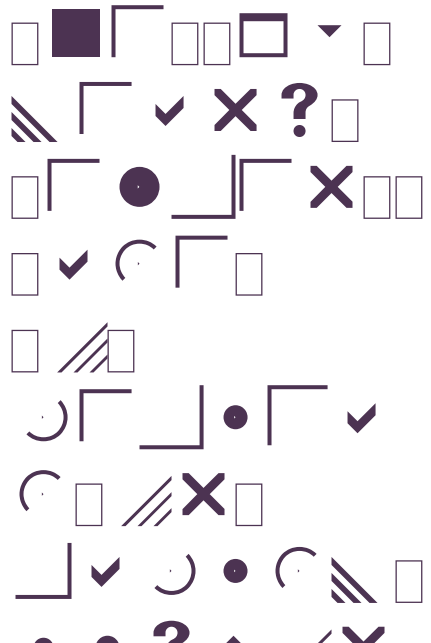
DISCUSSION

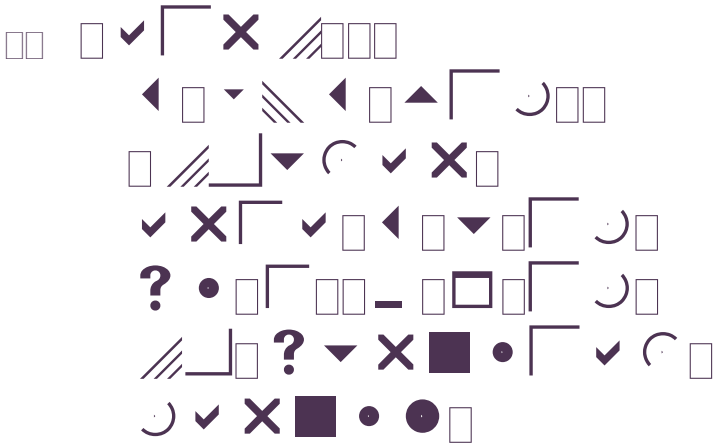
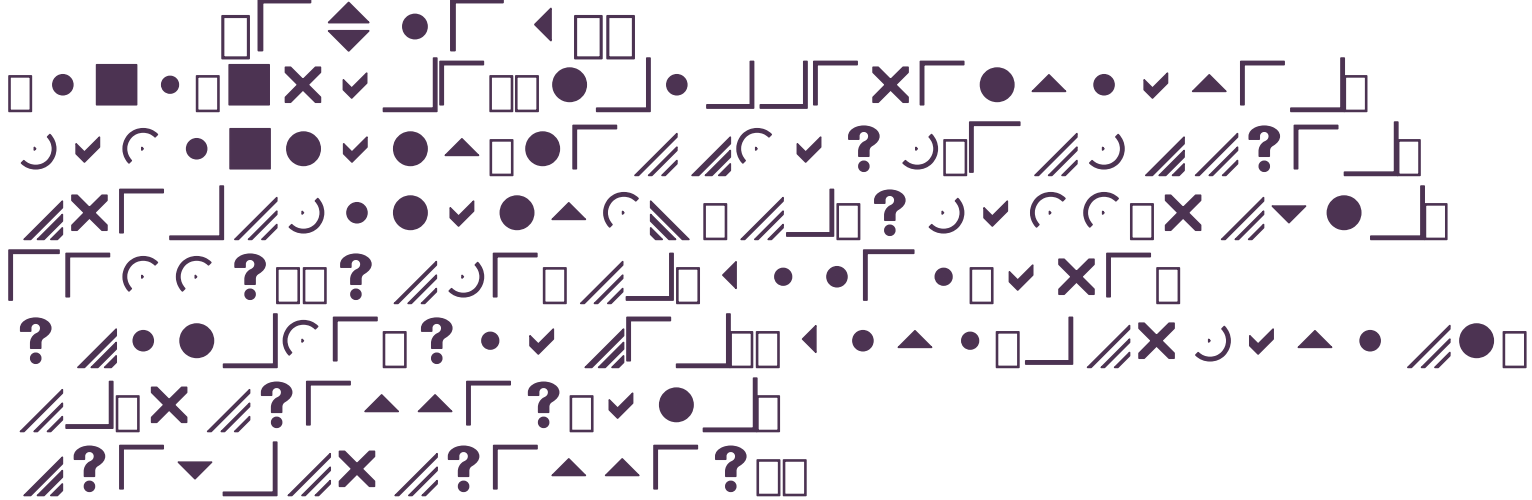
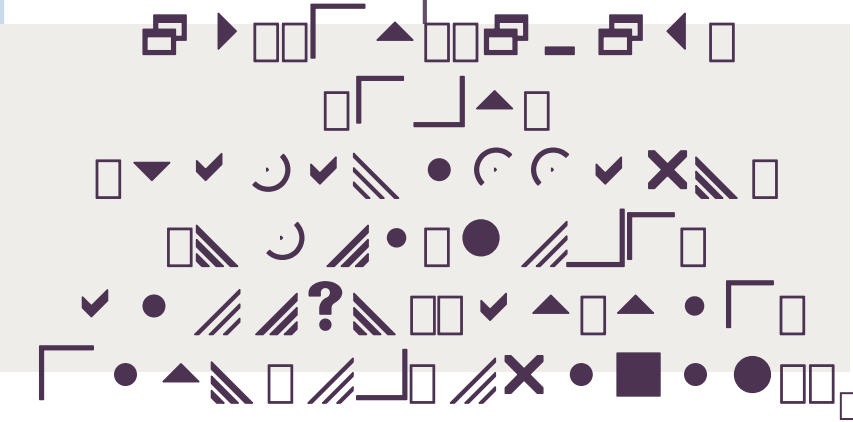
- Maintain treatment? How long?
- Stop treatment?
- Treatment options in progression?

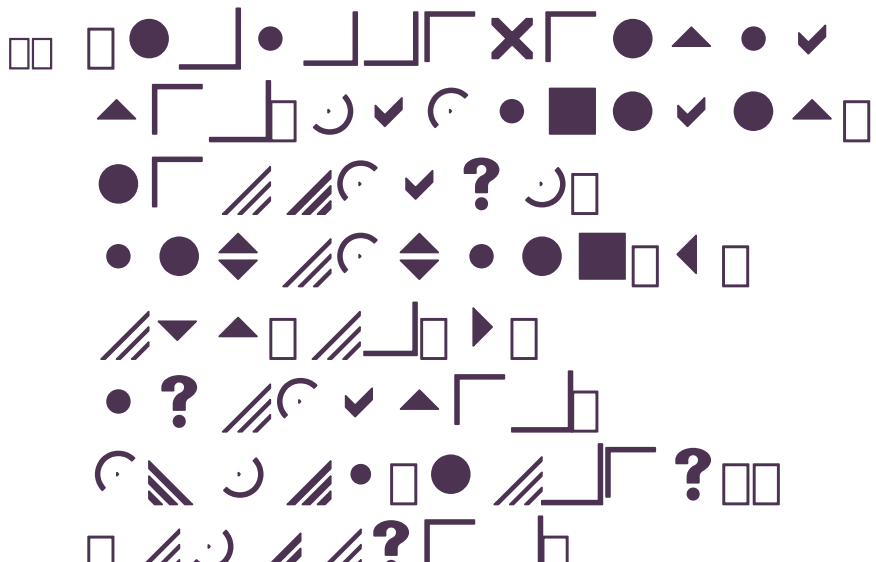
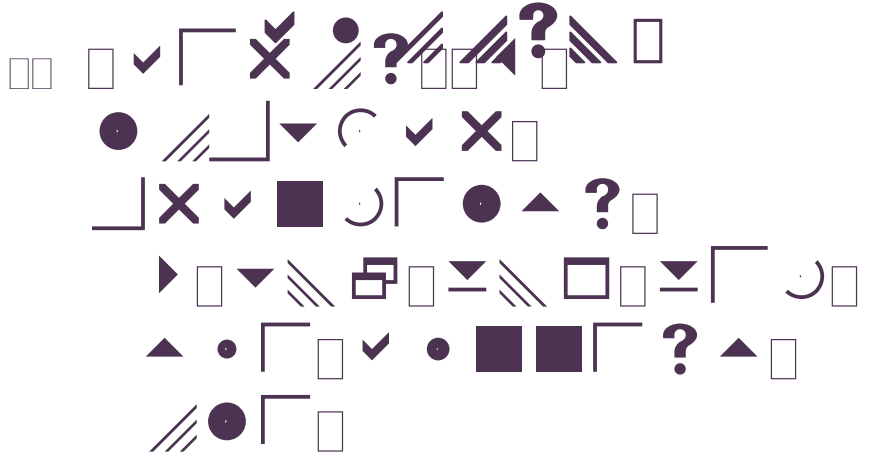
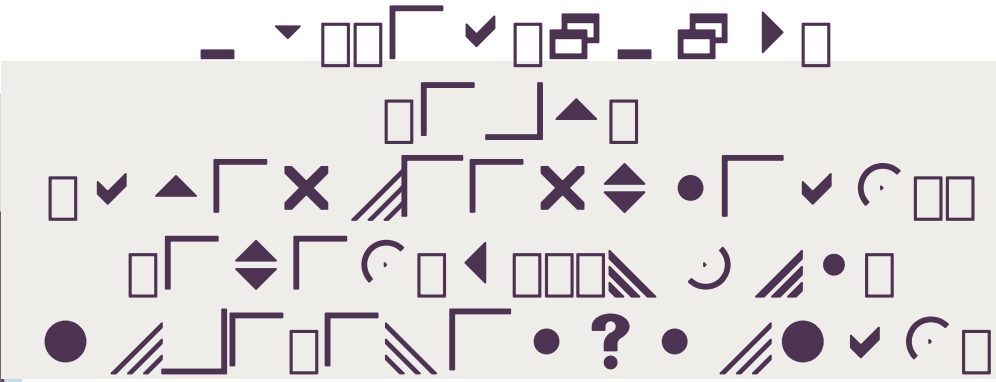




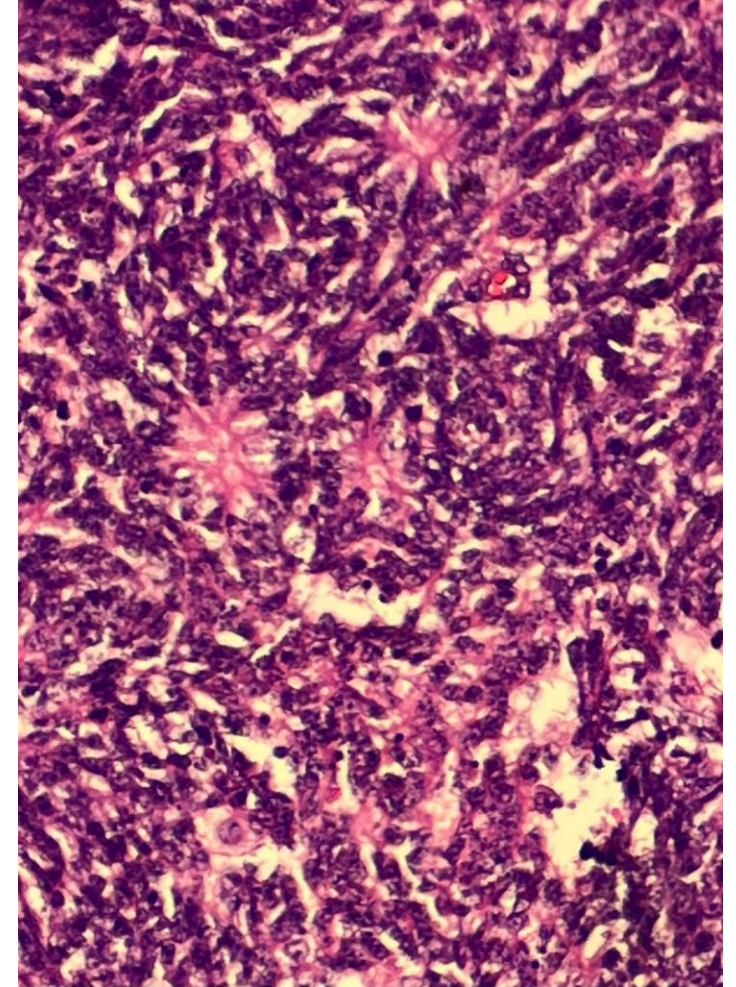
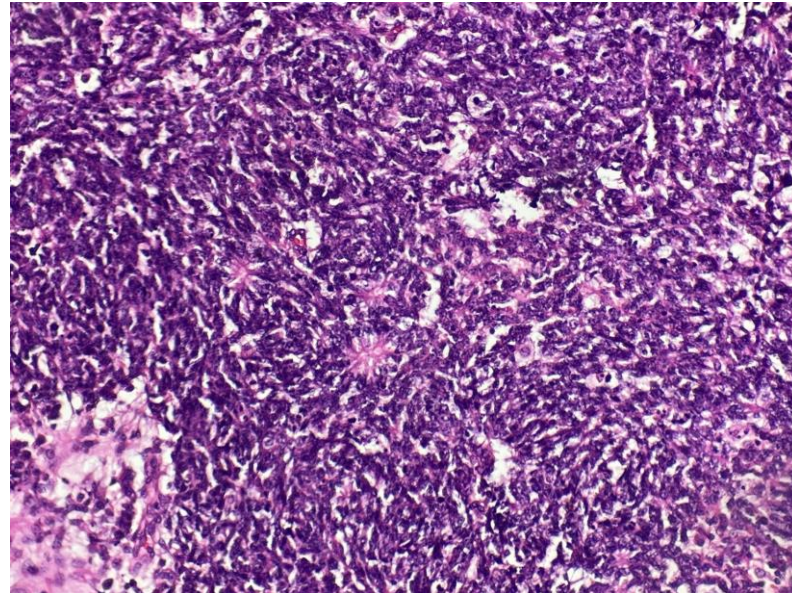
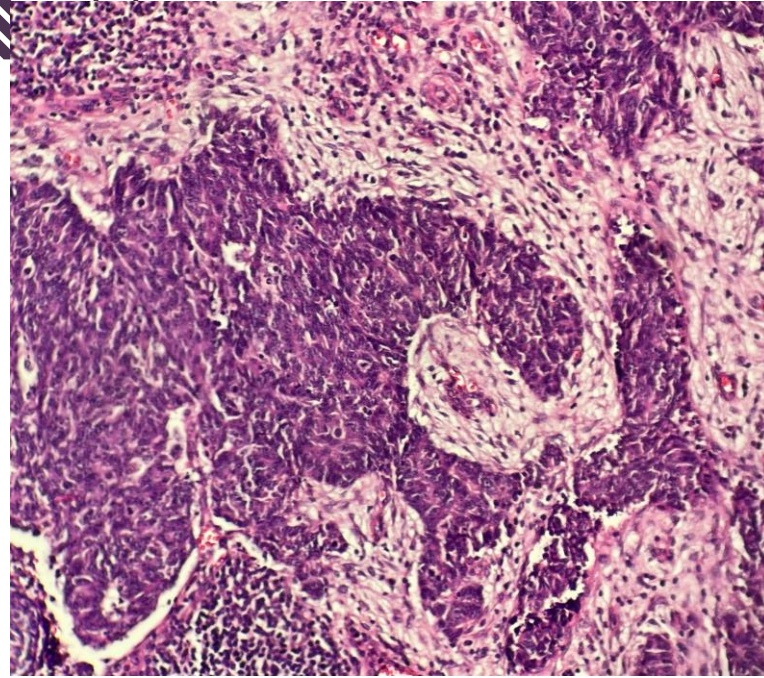
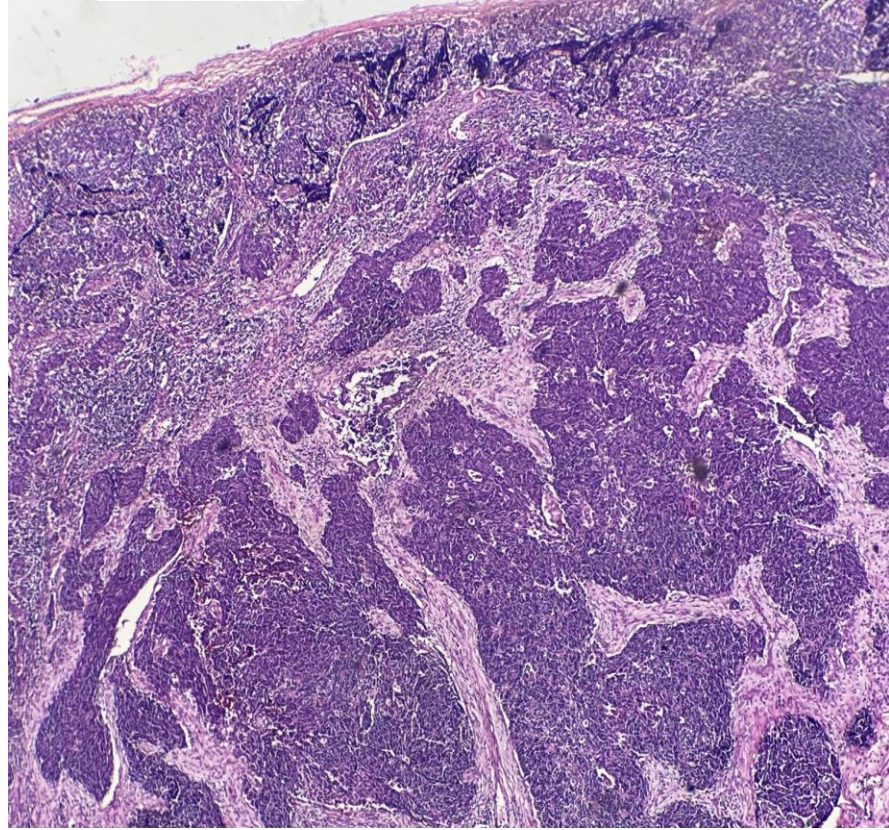
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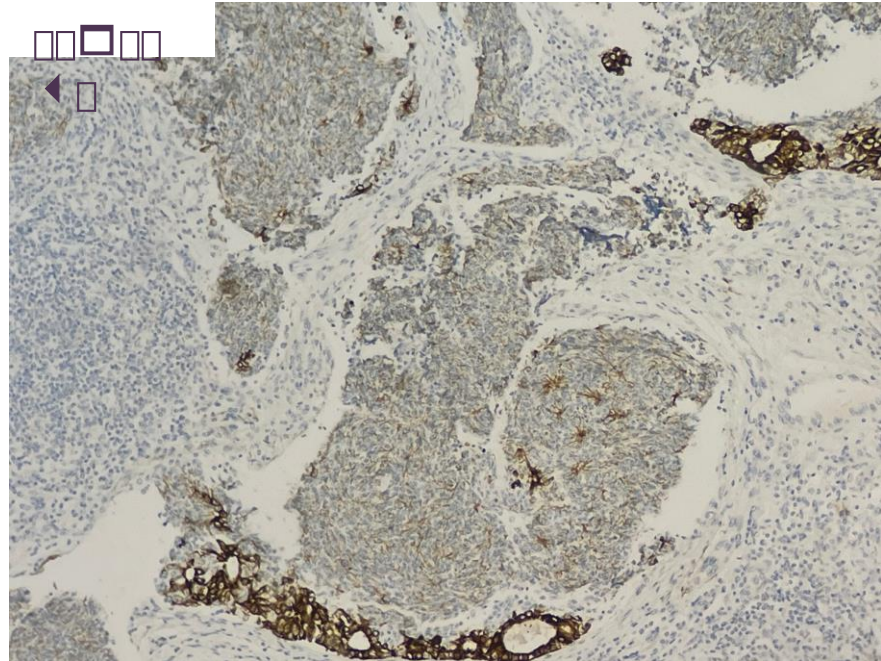
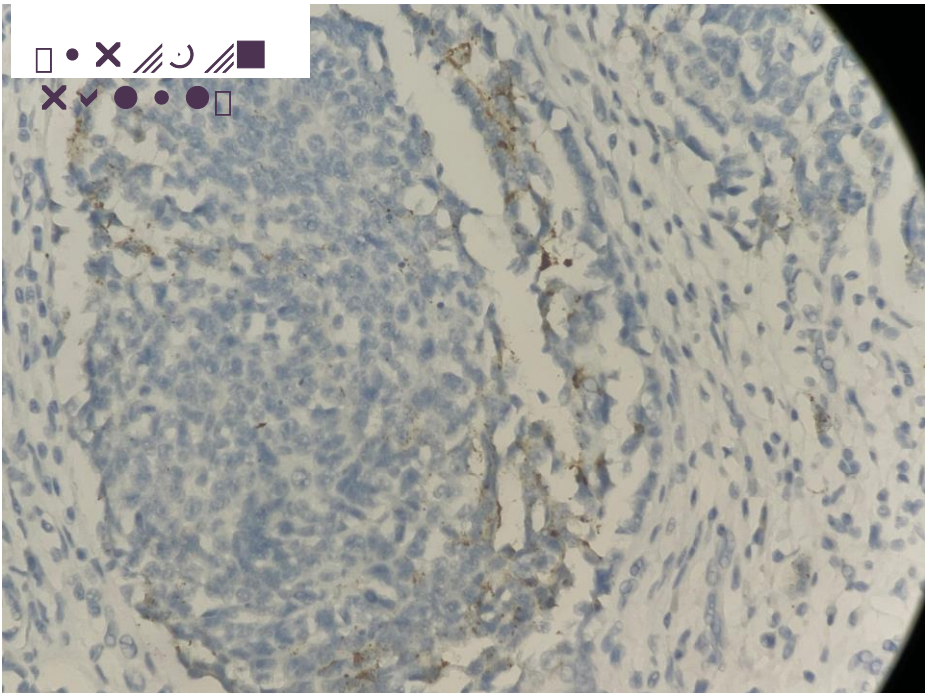
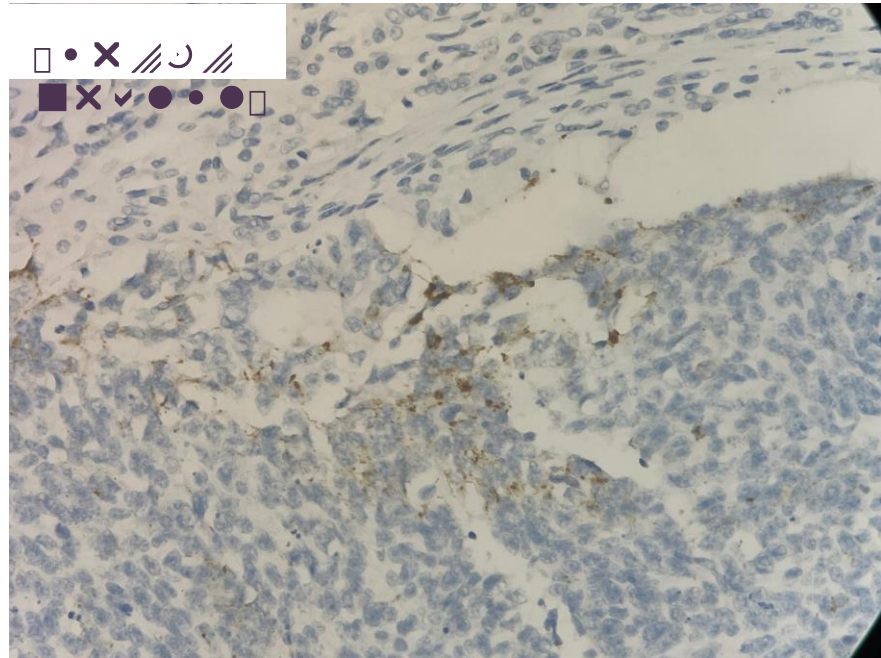
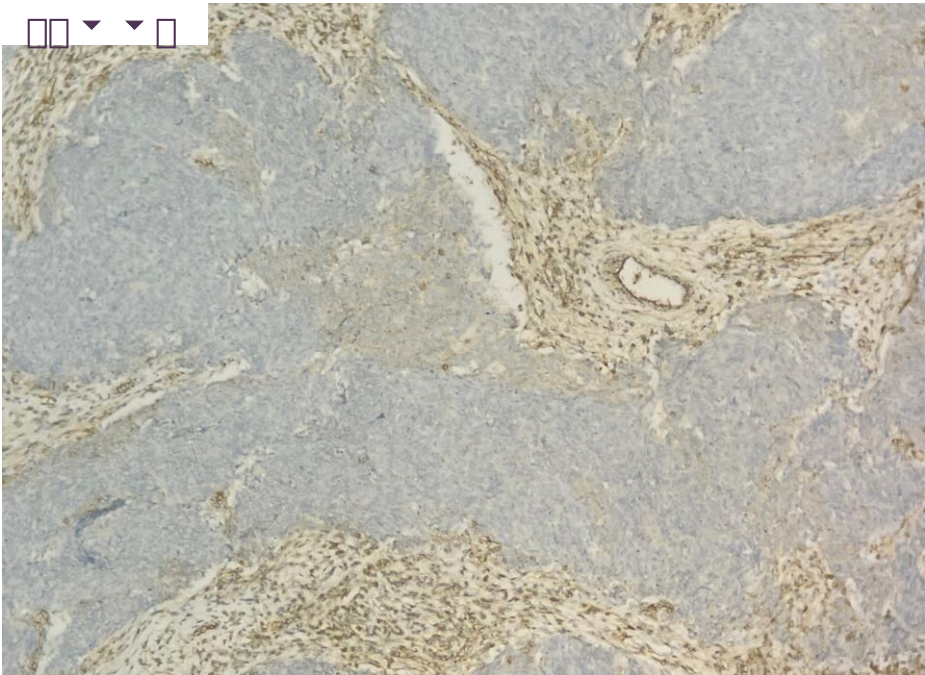


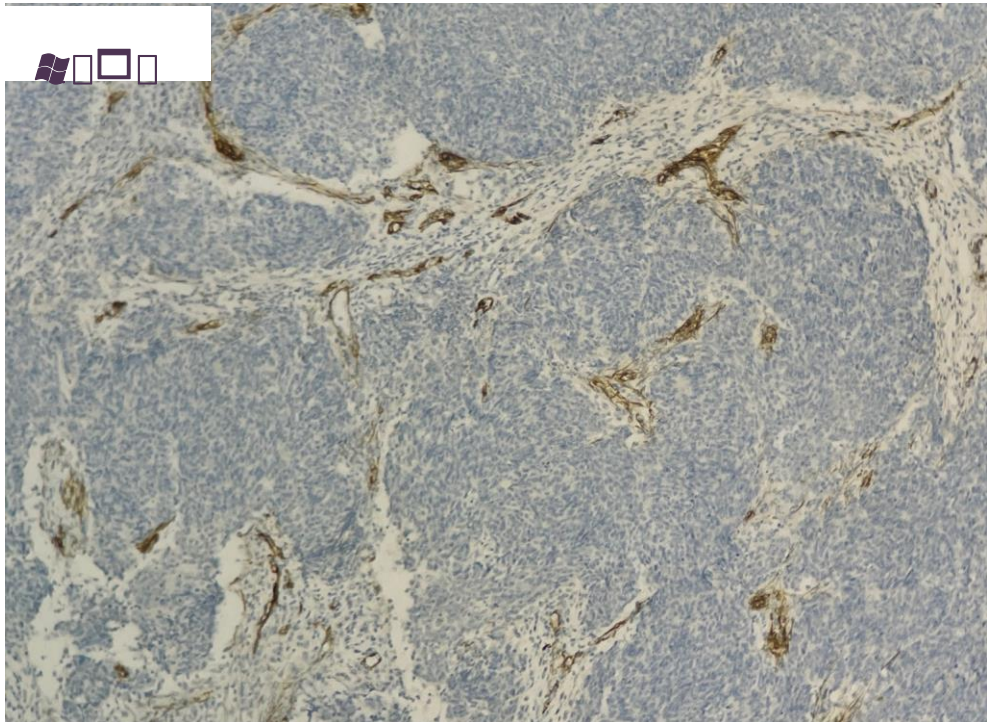
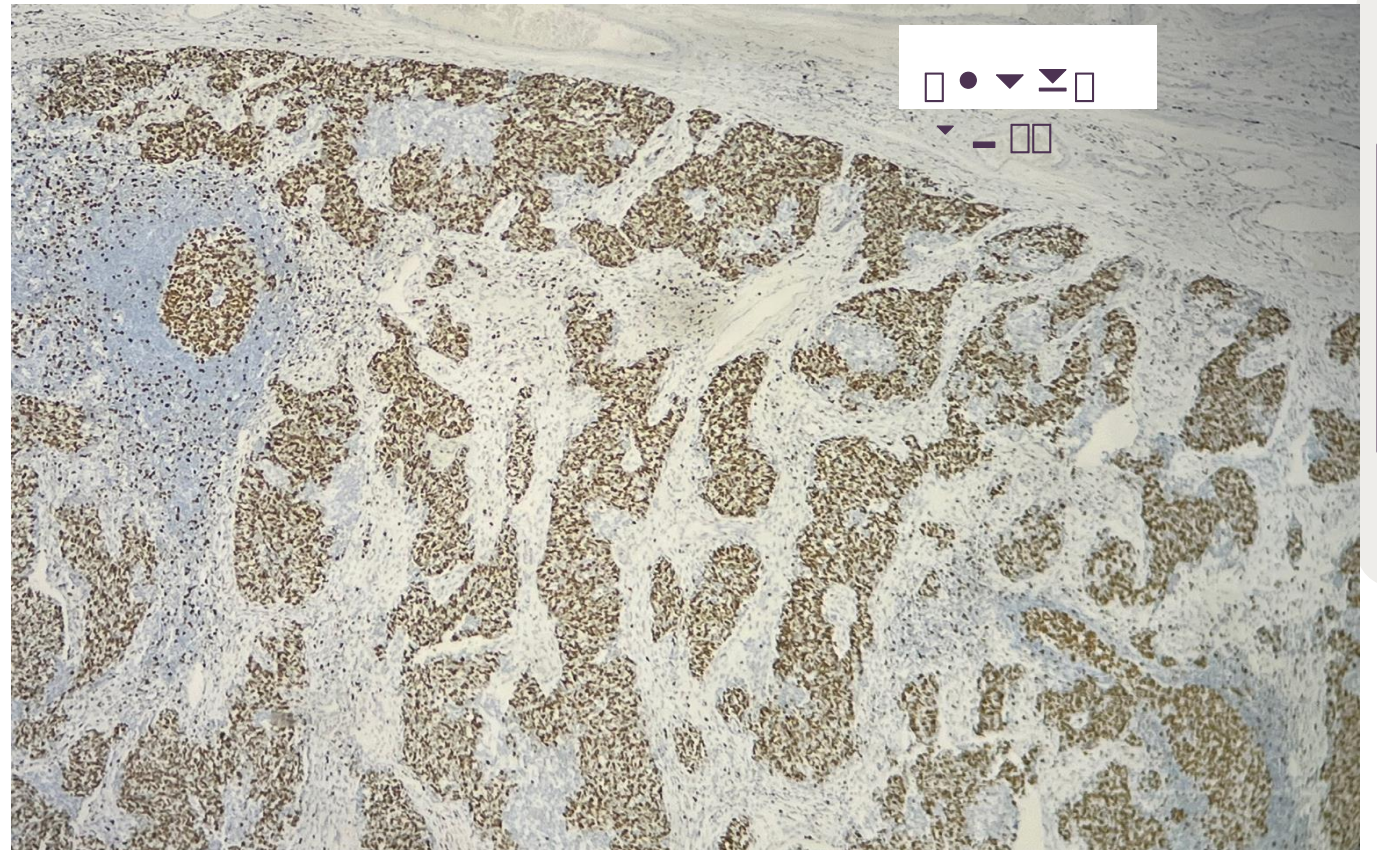
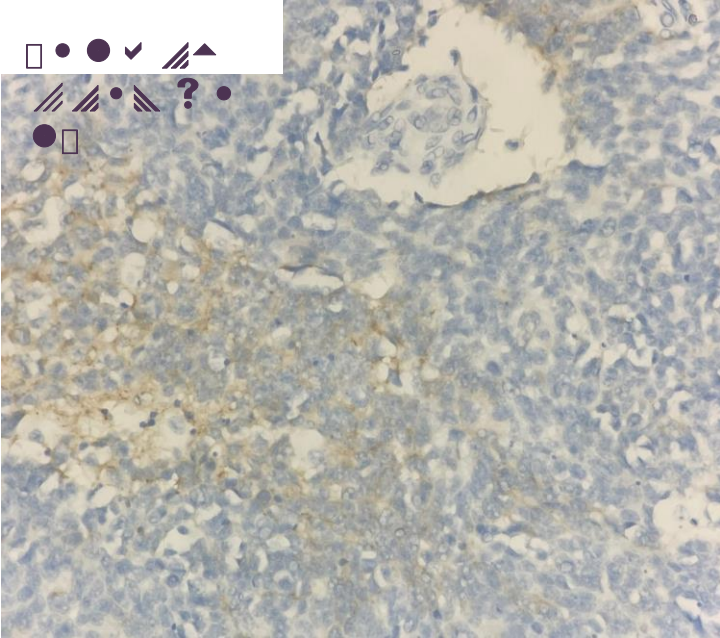




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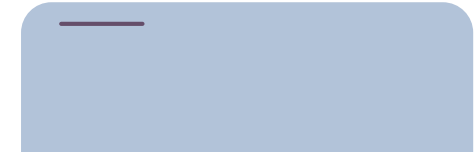
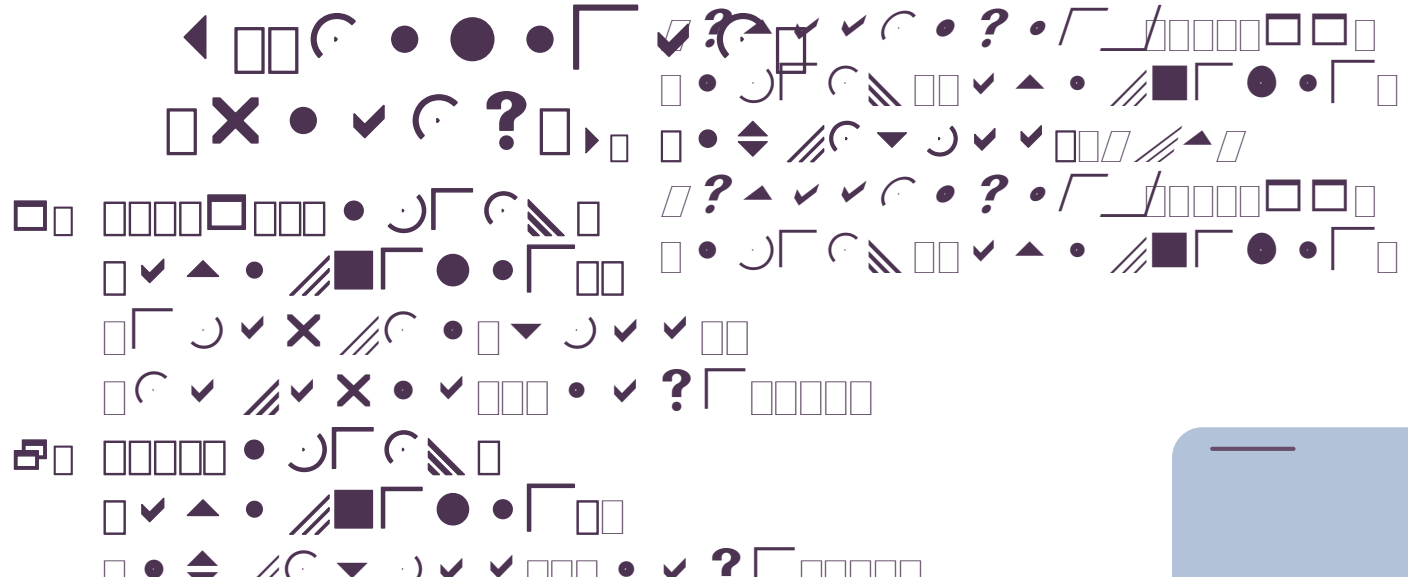
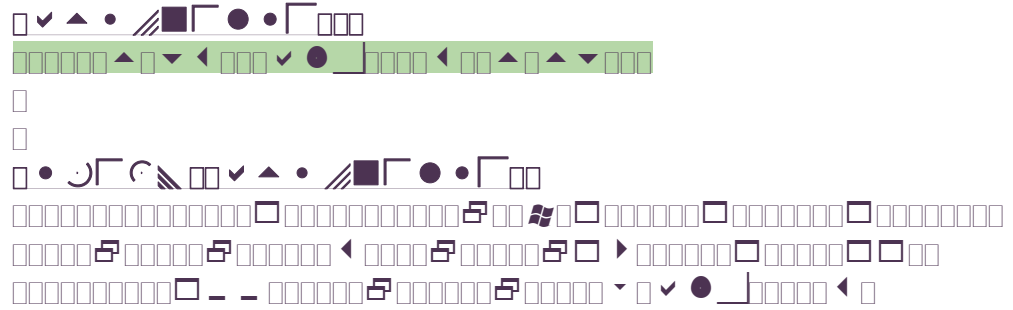
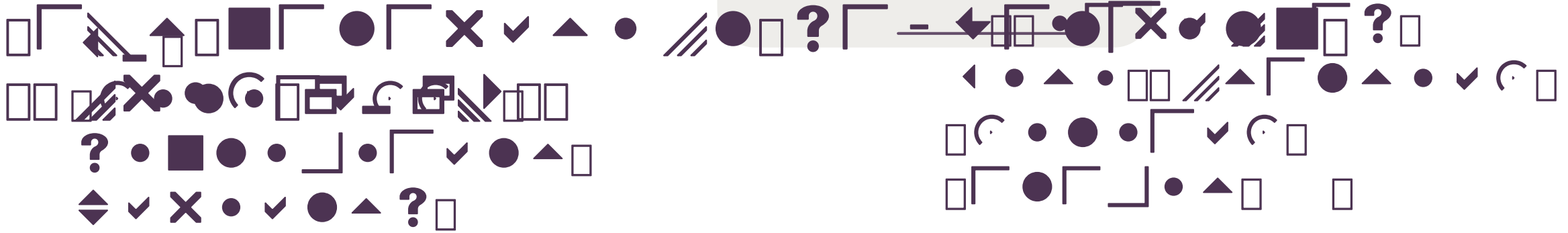


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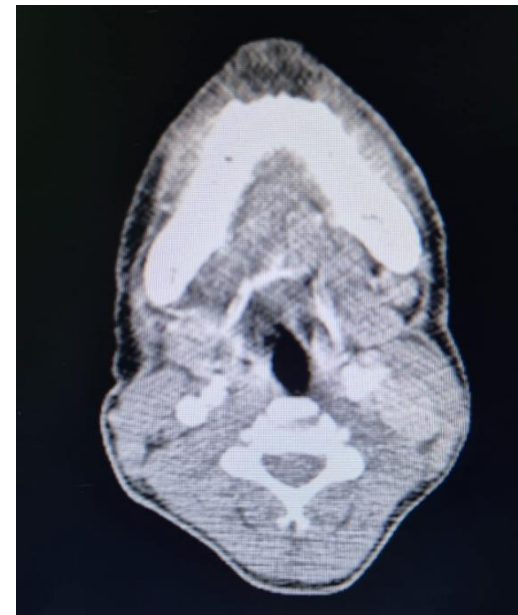
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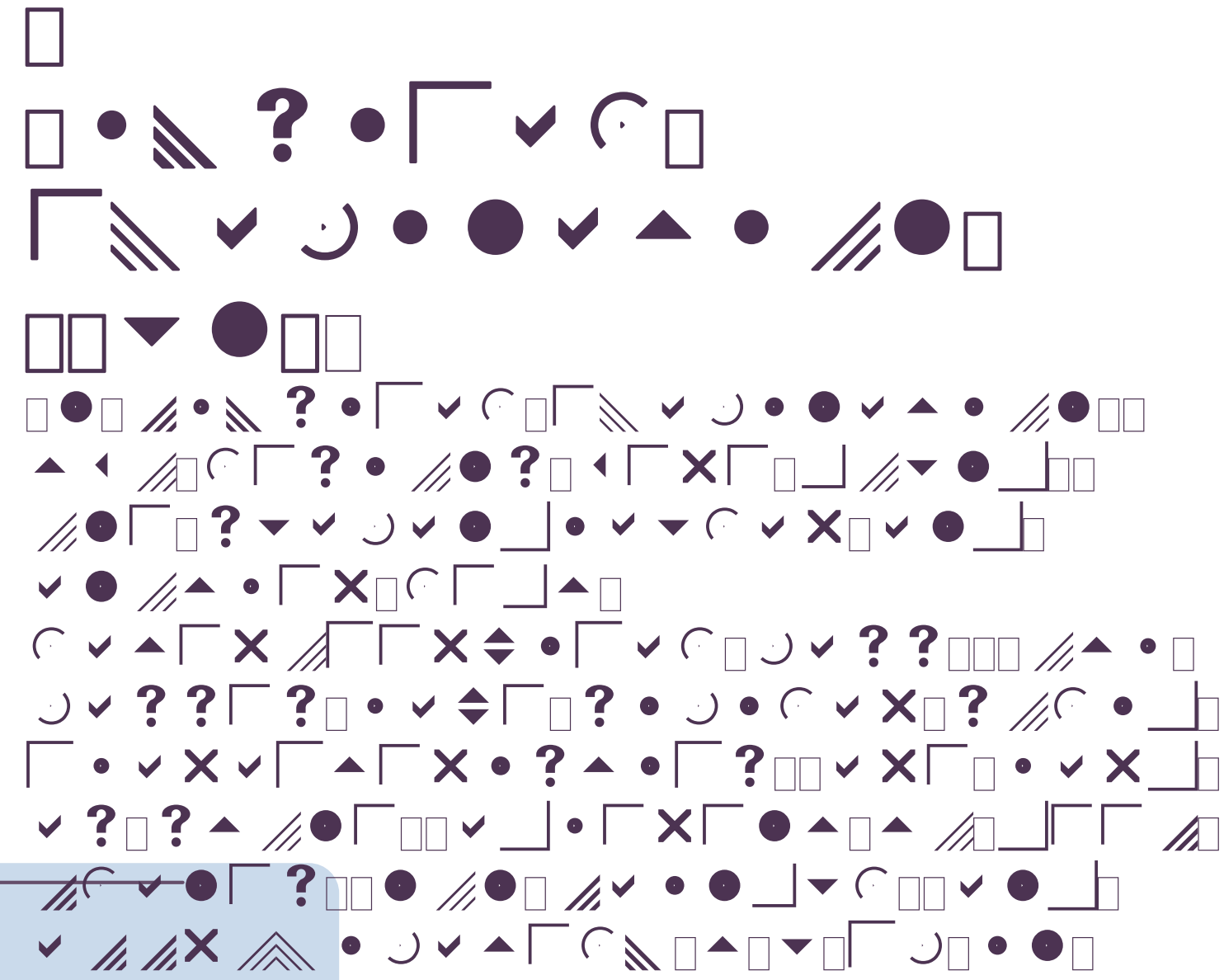


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