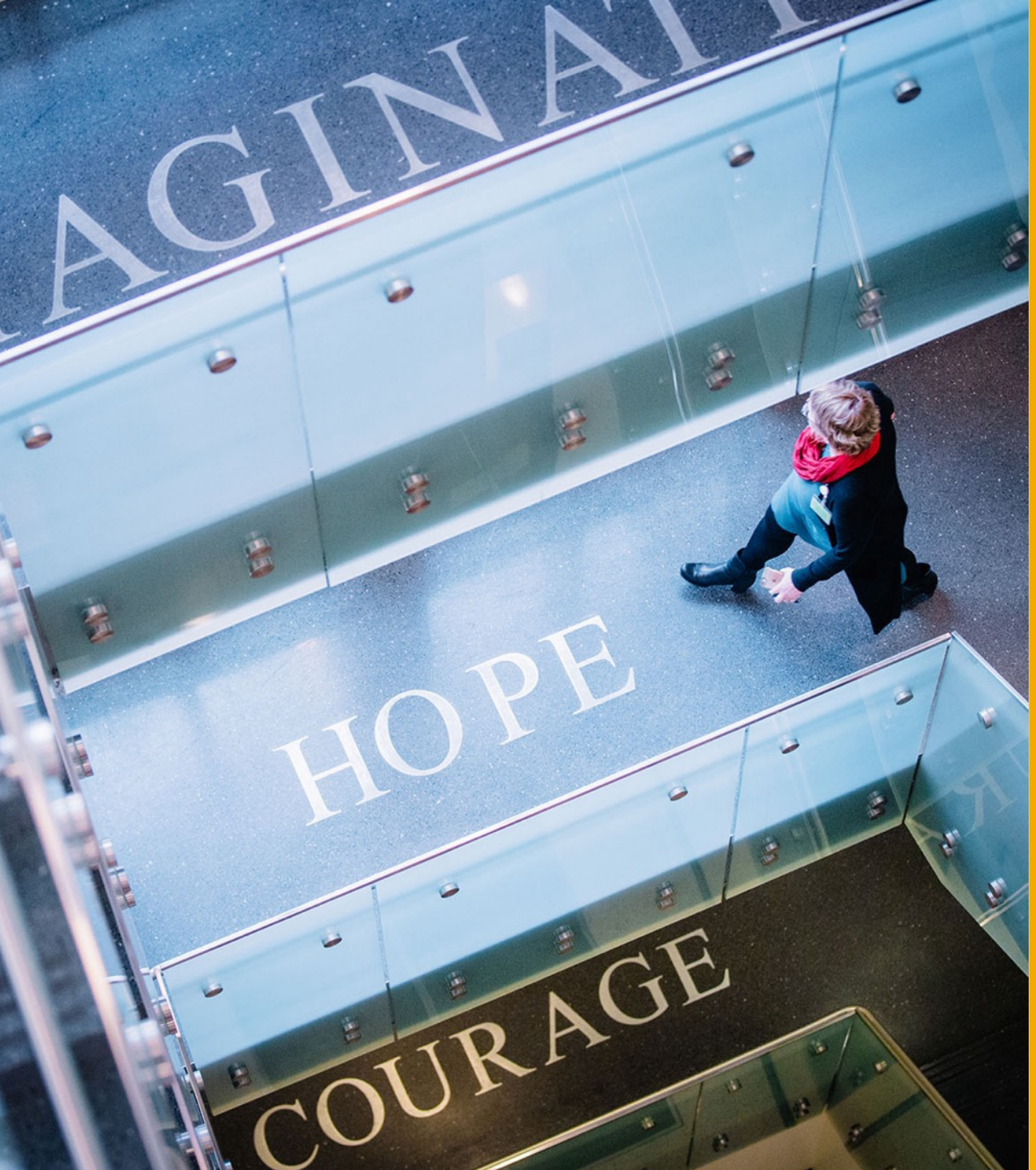


Where Science Becomes Hope

PATIENT-BASED PANEL DISCUSSION THORACIC MALIGNANCIES

All Speakers: Drs. Manning-Geist, Modesitt, Remick, and Dilley.

Case presented by Emory University Hematology-Oncology fellow: Rahul K Nayak, MD

July 27th, 2024

EMORY WINSHIP CANCER INSTITUTE
National Cancer Institute-Designated Comprehensive Cancer Center

NCI Designated Comprehensive Cancer Center

CLINICAL COURSE

- 60F with a history of postmenopausal bleeding and pelvic mass.
- 10/2021: She underwent a supracervical hysterectomy in North Sudan. Pathology report with "benign endometrial polyp.”
- 5/2023: She subsequently presented to a physician in Egypt with new bleeding. An MRI was performed which showed a 6cm mass arising from her cervical stump with possible invasion into the rectum. There, a biopsy was performed showing "invasive adenocarcinoma (endometrioid type), Grade II.”
- She then moved to the US where she established care with gynecology oncology.

CLINICAL COURSE

PET-CT

1. **Large FDG avid pelvic mass, compatible with the known malignancy. The mass abuts the posterior bladder wall and rectum.**
2. **FDG avid satellite nodularity adjacent to the mass is suggestive of tumor deposits.**
3. **No FDG avid nodal or distant metastatic disease.**

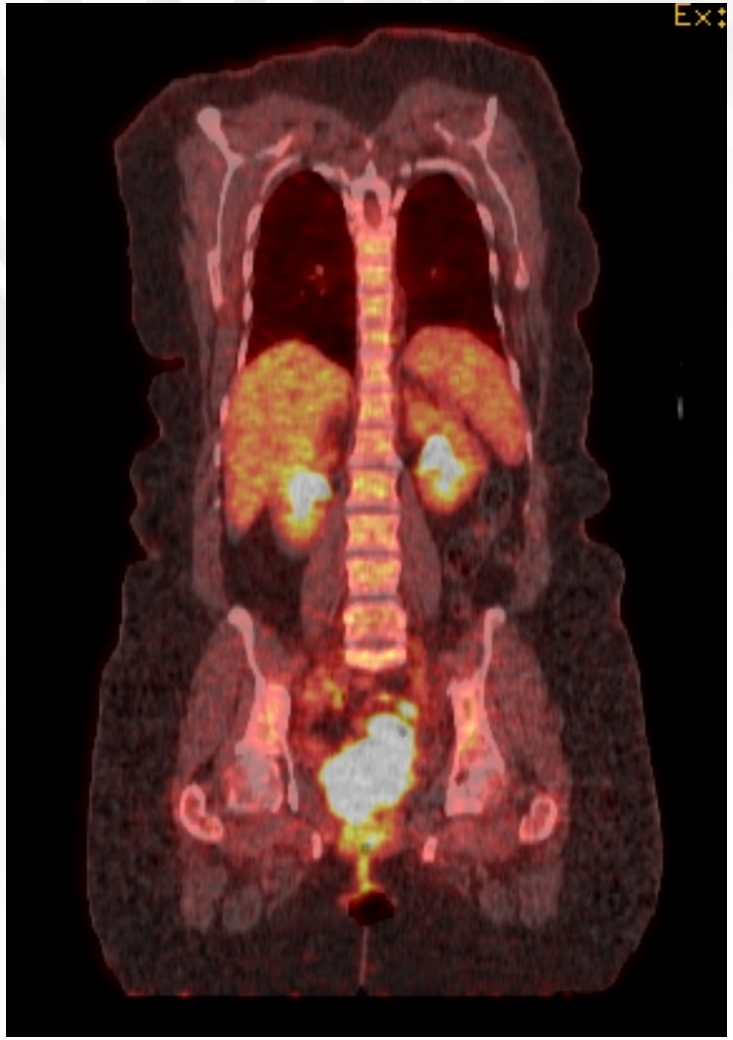
A repeat biopsy was performed which showed:

High grade serous carcinoma

HER2 3+, P53+ (Aberrant, diffuse)

pMMR

High-risk HPV negative



PANEL DISCUSSION QUESTION

- **Describe your general management approach for a patient with advanced high-grade serous carcinoma and considerations for multi-modality treatment approach.**

- **What is you first-line systemic treatment recommendation for this patient? What if she were not HER2 positive?**

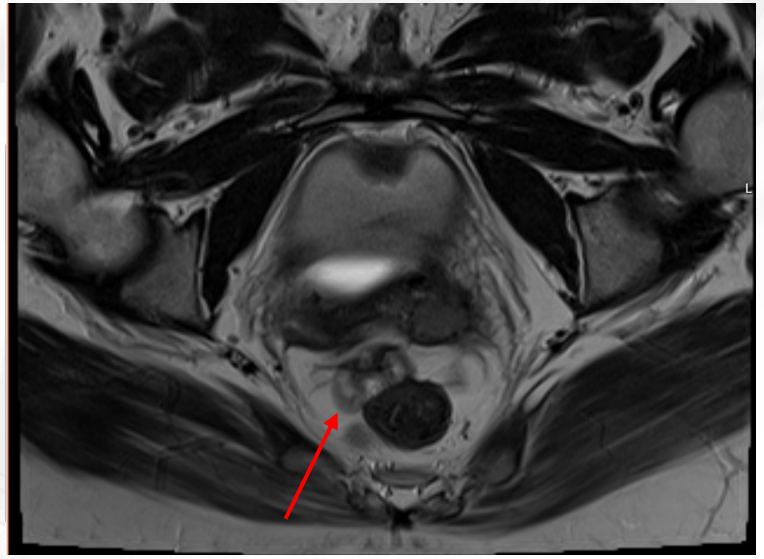
CLINICAL COURSE

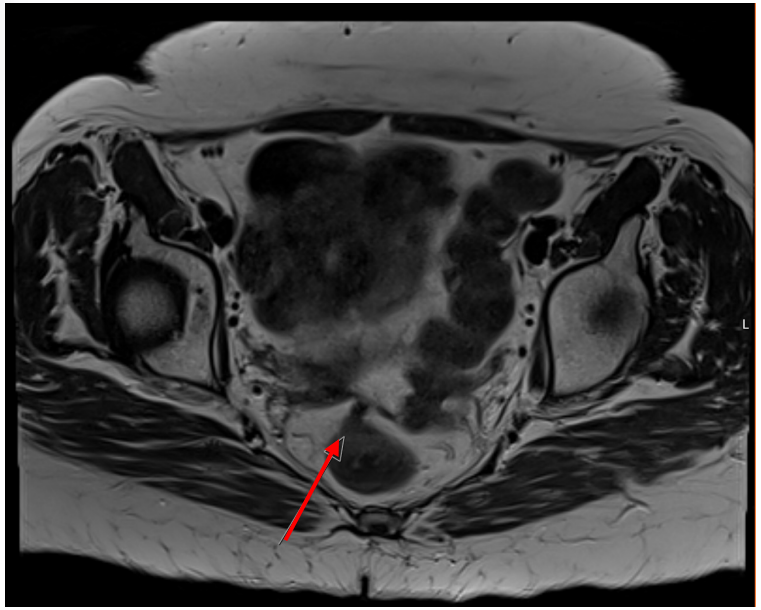
- She was started on systemic therapy with carboplatin/paclitaxel with trastuzumab added after the first cycle when HER2+ status returned.

- Post-treatment MRI demonstrated a 2.6 cm nodule along the left aspect of the vaginal cuff.

- She was referred to radiation oncology and underwent EBRT (45 Gy) + Brachytherapy (30 Gy). Post-radiation MRI demonstrated a near complete resolution of nodular focus at the left vaginal cuff.

- She has been continued on trastuzumab maintenance.





PANEL DISCUSSION

- **This patient has had an excellent response to combined modality treatment. Given limited prospective data, discuss your approach to maintenance trastuzumab (fixed duration or until disease progression)?**

- **In this case, the plan is for 1 year of trastuzumab maintenance. If she were to relapse after completing maintenance, how would you treat her next? What if she were to relapse while on trastuzumab? Would a repeat biopsy affect your management?**

- **Given the advances in HER2 directed therapy in breast cancer, how do envision the treatment landscape to evolve for patients with HER2+ endometrial cancers?**