

A Lady With Dyspnoea and Chest Pain

2017 Conversations in Oncology in Shanghai, China

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BI Symposium

LET'S COLLABORATE
ONCOLOGY FROM BOEHRINGER INGELHEIM



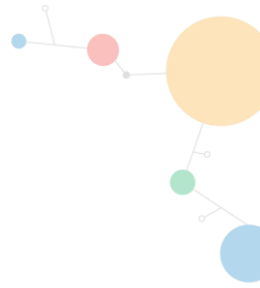
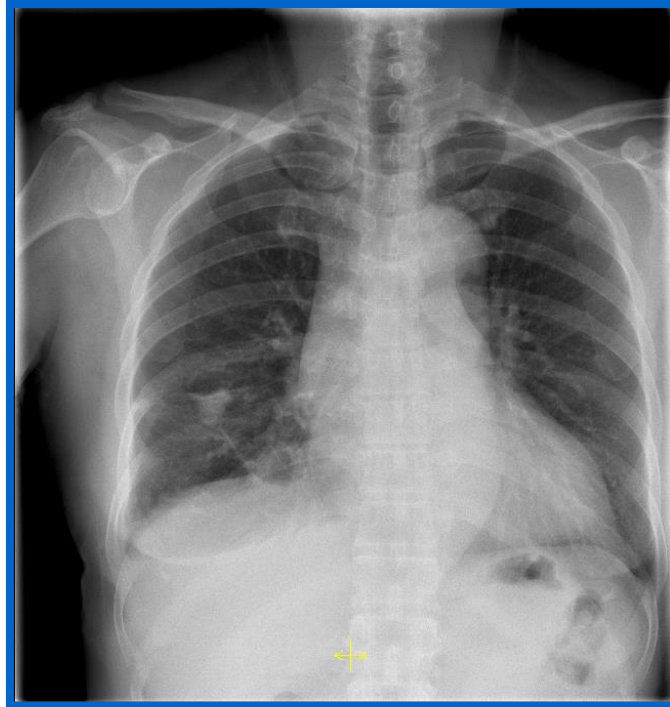


History of Current Illness

- In the middle of 2015 insidious right-sided chest pain and dyspnoea on exertion developed
- In late December 2015 symptoms got worse, and a large right-sided pleural effusion was detected
- In January 2016 the patient was admitted to our hospital



X-ray on Admission



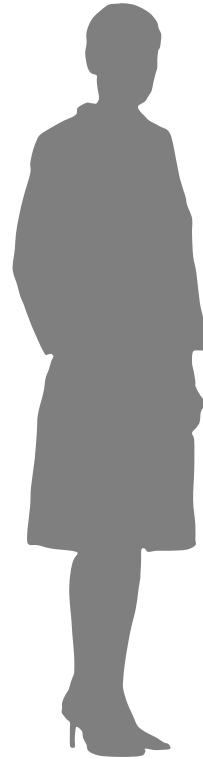
On Admission

Female patient, born 1962

Mild dyspnoea on exertion

Diminished breath sounds over the left lower thorax

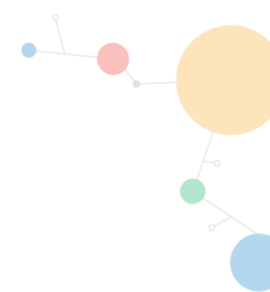
Otherwise unremarkable physical exam



Past Medical History

- Partial thyroidectomy for goiter
- Arterial hypertension
- Hysterectomy for fibroids
- Never smoker





Further Course

- Pleural tap was done on the day of admission
- 1.000 mL of serous fluid was evacuated
- Cytology revealed adenocarcinoma; however, the tumour cells were too sparse for further analysis



Unremarkable Bronchoscopy



Main carina



Right upper lobe



Middle and lower lobe

No biopsy taken



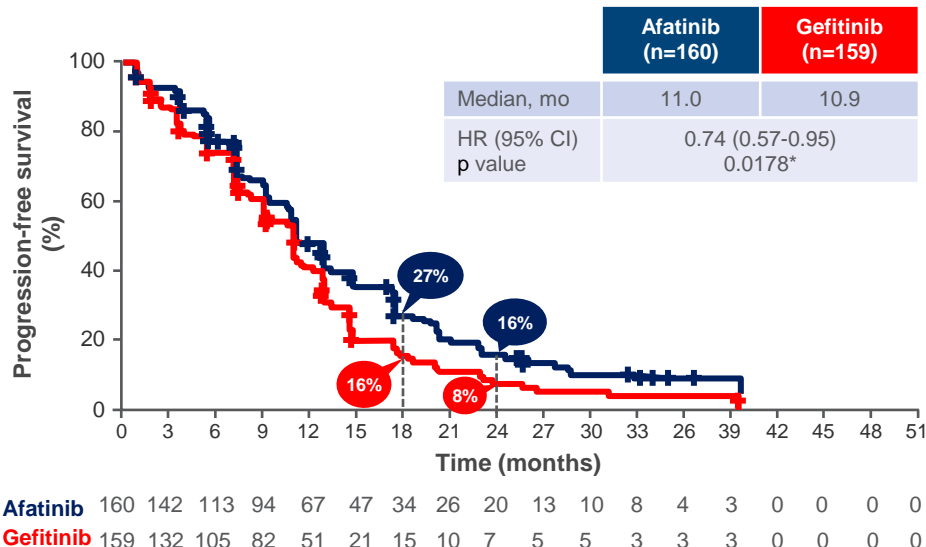
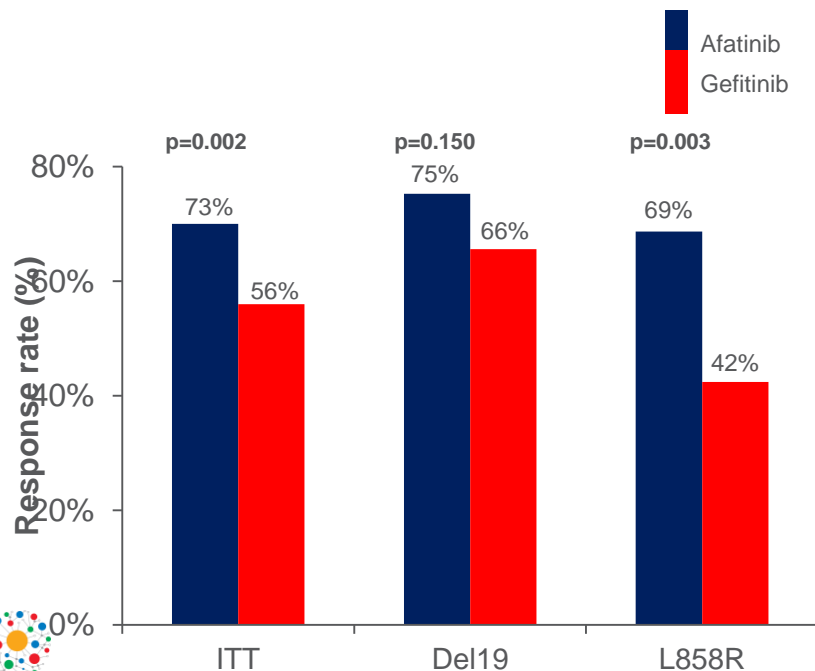
Further Course

- The patient was referred for surgical pleurodesis
- Pleural biopsies revealed pulmonary adenocarcinoma with an Exon 21 L858R mutation
- Started on afatinib 40 mg/day at the end of February 2016

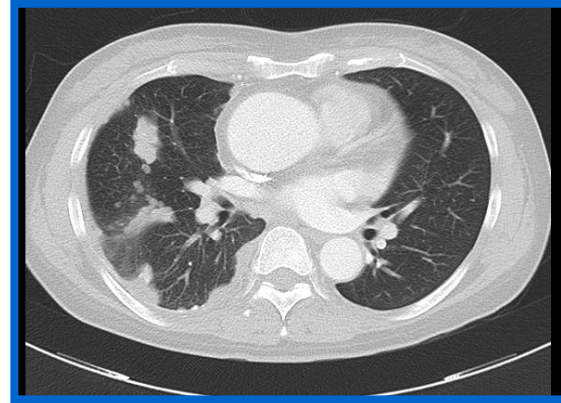
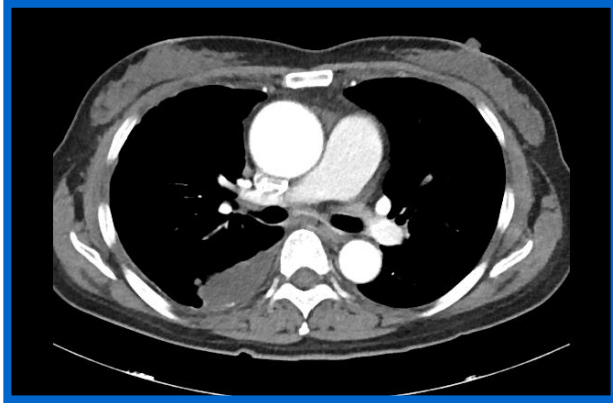


LUX-Lung 7 Updated Analysis: Afatinib in EGFR-M+ NSCLC

- Afatinib versus gefitinib as first-line treatment of patients with EGFR mutation-positive NSCLC (LUX-Lung 7): a phase 2B, open-label, randomised controlled trial



CT Scan 4 Weeks After Surgery

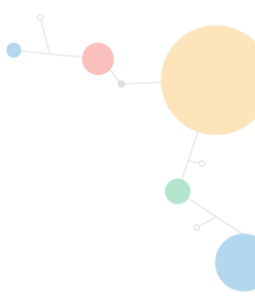


29.2.2016

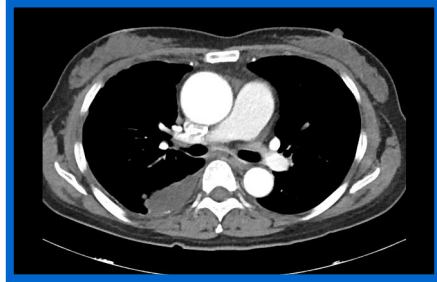


Further Course

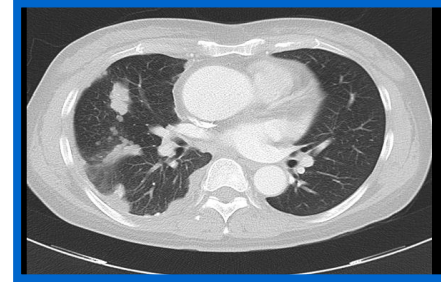
- In February 2016 the patient was started on afatinib 40 mg/day



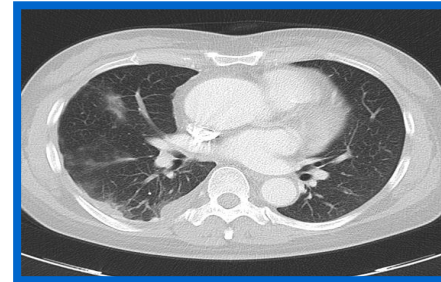
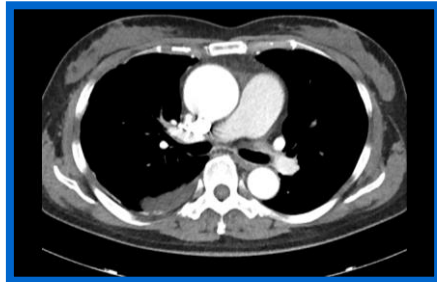
CT Scan Three Months Later



29.2.2016



25.5.2016

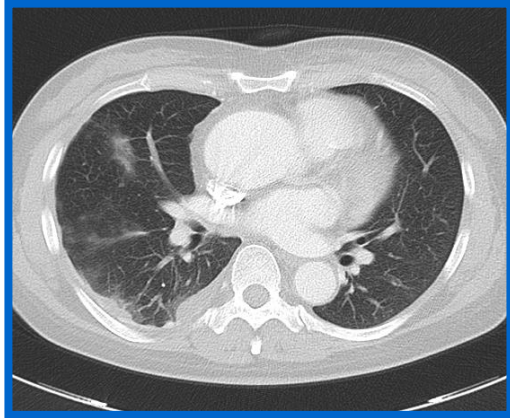
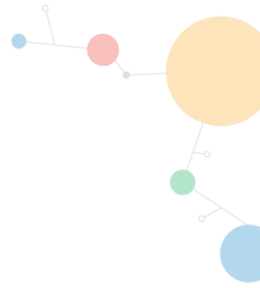


Further Course

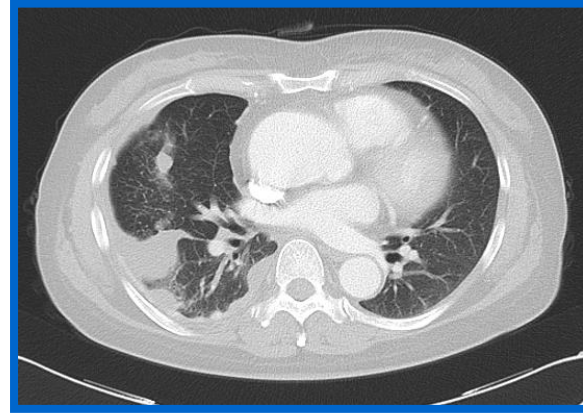
- In February 2016 the patient was started on afatinib 40 mg/day
- In June 2016 the dose was reduced to 30 mg because of diarrhoea



September 2017: Slow Progression

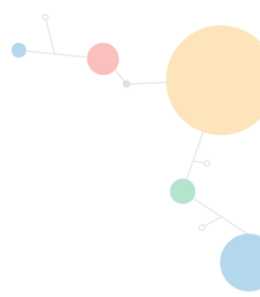


25.5.2016



27.9.2017





Further Course

- Continuation with afatinib because of excellent tolerability of 30 mg and no tumour symptoms
- Close follow-up for symptomatic progression
- Patient was T790M negative on liquid biopsy





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