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Mr GN
No disclosures
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- 60 year old male
- Background
  - Left testicular seminoma 1997 – orchidectomy and adjuvant radiation
- No regular medications
- ECOG 0, coal-miner, goes surfing daily
- Ex-smoker, <10 pack years
- Consumes 20-30g/day EtOH
Initial course

- Oct 2015 – 6 weeks throat pain and palpable right neck lump
- CT neck/chest – right cervical lymphadenopathy
- MRI neck – enlargement of right lingual tonsil, base of tongue ?crossing midline and vallecula, bilateral lymphadenopathy levels IIA-IV
Initial course

- Nasoendoscopy – BOT lesion found + biopsied
  - Squamous cell carcinoma, p16 focally positive
- PET – increased uptake R BOT/tonsil, crossing midline, multiple avid nodes level IIA-IV (T3N2cM0)
- Definitive radiation 70Gy/35# + cisplatin 100mg/m² completed Jan 2015
Relapse #1

- Developed sore throat Dec 2016 – treated for oral candida
- Nasoendoscopy Jan 2017 – ulcer on tongue base
  - Biopsy – squamous cell carcinoma, p16+
- PET and MRI – localised disease
- TORS – right neck dissection and radial forearm flap, supraglottic laryngectomy (Mar 2017) followed by left neck dissection and ALT flap (2 weeks later)
  - pT2N0 (0/12 nodes) right tongue base SCC, p16+
Relapse #2

- Surveillance nasoendoscopy Aug 2017
  - Suspicious right arytenoid lesion
  - Biopsy – squamous cell carcinoma
- PET scan – avidity in tongue base and multiple pulmonary nodules
- Awaiting enrolment onto clinical trial for immunotherapy
Discussion

- What is the optimal systemic therapy regimen for this patient ongoing?
- What is the recommended follow-up schema upon completion of CCRT for localised disease + after recurrence?
- What are the expected survival outcomes for a patient with recurrent metastatic disease?