Sinonasal Undifferentiated Carcinoma

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Disclosures

- No disclosures
Case Presentation

- 52 gentleman, NKMI, ex-smoker, good PS
  - R nose block & headache x 5/12, with epistaxis
  - Symptoms progressively worsened → ENT team
- O/E:
  - 2x2cm erythematous mass medial to L inner canthus and medial part of left upper eyelid → oozing
  - Endoscopy noted R nasal friable mass
  - All CNs intact, except reduced sensation over Left CN V₁, N vision
- Investigation
  - Biopsy 6/1/2017:
    - Sinonasal undifferentiated carcinoma
    - CK AE1/AE3 & CK7 positive
Further work up...

- **CT PNS & Thorax (3/2/17)**
  - Large enhancing mass occupying L ethmoidal sinus, 5.4x5.2x5.4cm extending to L nasal cavity, eroding nasal septum
  - L FOR, bilateral maxillary sinus and L sphenoid sinus and bilateral frontal sinuses involved
  - involve L extraconal and preorbital region, abut recti muscle and globe
  - L cribriform plate eroded with intracranial extension (ant CF)
  - erode hard palate and abuts soft palate
  - subcm LN bilateral neck

- U/S abdomen & bone scan: No distant metastasis
- Blood parameters normal
Progress

- T4bN0M0 – deemed UNRESECTABLE
  - ? Neoadjuvant chemotherapy
  - ? RT – Palliative doses? Radical doses?
- Had 3 cycles of TPF (docetaxel\textsuperscript{60}, cisplatin\textsuperscript{75}, 5FU\textsuperscript{1000});
  - \textit{uneventful with PR}
- Post chemo reassessment CT BNTAP
  - marked reduction of tumour mass
  - residual tumour seen at L frontoethmoidal sinus
  - intracranial extension no longer seen
  - resolved L extraconal enhancing mass, minimal periorbital soft tissue
  - unchanged subcm bilat cervical LN, no distant metastasis

- ? Resection
  - exenteration of L eye?
Progress

- MDT
- Proceeded with TRANSNASAL TUMOUR DEBULKING
  - Declined exenteration
  - HPE consistent with residual sinonasal undifferentiated carcinoma (?margin)
- Consolidated with CCRT
  - IMRT 70Gy/33F/6.5w with weekly cisplatin
  - tolerated fairly well
- Currently still in remission after 8 months
- Latest CT NTAP Dec 17: No local recurrence
Discussion - SNUC

- Rare entity, <3% of H&N ca, no clear guideline on Mx, generally poor outcome; high distant failure, T3/4 at presentation
- Mainly case series, retrospective data from institutions
- Sequencing treatment
  - Surgery upfront? Induction chemotherapy? RT vs CRT
  - Trimodality better LC lower DM (induction)\(^1\)
- Dose of >60Gy seems a bit better in local control\(^2\)
- Induction chemo – which regime and dose?
  - TPF, another series cisplatin/ etoposide
  - SCC –TPF, high RR 80%. Seem to have reduction in DM rate, symptomatic relief (rapid), avoid unnecessary delay (waiting time)`
- Dev of endoscopic surgery, high-precision high dose radiotherapy and further intensification of chemotherapeutics improves outcome\(^3\)
  - Gross tumour resection should be considered in all pts, MDT and multimodality treatment (better outcome)

2. Gamez et al, Head Neck, 2017