DISCLOSURE

- Nothing to disclose
63/ Female, Filipina

- 3 months history of frequent belching
- 5 kg weight loss and dysphagia to solid food for the past month
- Non-smoker, exposed to second-hand smoke (husband)
- PS: 1
- PE: unremarkable, no palpable LN
Heredofamilial Disease:
- Hypertension (father); no diabetes, no malignancy

Past Medical History:
- Hypertensive for 10 years, controlled, good compliance to amlodipine
- Non diabetic
- No previous hospitalization, no prior surgery
Consult

- Endoscopy: irregular mass at the distal 1/3 of the esophagus causing near total obstruction
- Biopsy (esophageal mass): Adenocarcinoma
- Creatinine: 1.0mg/dl (CrCl: 60 by CKD-EPI)
- CBC: Hgb 11.7mg/dl
- **Work up**
  - Chest CT scan:
    - multiple bilateral subcentimeter pulmonary nodules, largest 0.9cm
    - Left upper paratracheal, right lower paratracheal LN
  - Abdomen CT scan:
    - liver smooth, no mass; 1x1 cm perigastric lymph nodes
- Feeding gastrostomy inserted, clinical nutrition referral
- Advised further IHC testing (Her2) on specimen not done
SUMMARY:

- 63/F Esophageal Adenocarcinoma with near total obstruction Stage IV (cT2N2M1-lung);
  good functional status (PS1), good renal function

Chemotherapy started: Cisplatin-5FU
- Minimal side effects, tolerated
After 2 cycles

- gradual weight loss despite standard nutritional care with nutritionist and parenteral feeding
- new onset cough & dyspnea
- Work up:
  - CBC normal
  - Chest CT scan: interval increase in bilat pulmonary nodules largest 2cm RLL
What will you do?

- Rule out infection
- Rule out pulmonary embolism
- Biopsy the lung nodules?
  - Could be another primary? Lung?
- PDL-1 testing
- Proceed with 2\textsuperscript{nd} line: taxane + VEGFR\textsubscript{i}
Oncologist in this case
- PE & infection ruled out in this case
- Proceed with 2\textsuperscript{nd} line metastatic systemic therapy: Ramucirumab + Paclitaxel

Patient opted to have supportive care, no more active oncologic management
Thank you!