Durable response of immunotherapy in MSI-H BRAF V600E mutant metastatic ceacal cancer

Ya Hwee TAN
Senior Resident
National Cancer Centre Singapore
Disclosure

- None
Mdm TPH

54 year-old Chinese Female
NKDA
Premorbid: ECOG 0
Never smoker, non-drinker

**Past Medical History:** Hypertension

**Family History:** None

**History of Presenting Illness:**
August 2015: Came with self palpated left neck lump for 1 month and a noted new left sided back lump at upper back region 2 weeks later. This was not associated B symptoms or altered bowel habit
12.08.2015 CT TAP

- Large cecal mass is noted, likely to represent a conglomerate lesion of the primary tumour as well as metastatic lymphadenopathy.
- Subcentimetre lesion in hepatic segment 4A, suspicious for metastatic disease.
- Indeterminate subcutaneous lesion at the left paravertebral region, (at the T11-T12 level.)
28.08.2015 CT Neck

- There is a large soft tissue mass seen in the left tonsillar fossa with associated involvement of the left oropharyngeal wall. Multiple conglomerations of left level II and III metastatic cervical lymph nodes are seen, causing compression of left IJV and partial encasement of left ICA.
06.08.2015 Caecal mass biopsy: **Atypical lymphoid proliferation**

21.08.2015 Left cervical LN incisional biopsy: **Metastatic poorly differentiated adenocarcinoma, consistent with lower GI tract origin**

KRAS/NRAS WT

31.08.2015 Repeat caecal tumour biopsy: Poorly differentiated adenocarcinoma

**Diagnosis:** Metastatic caecal cancer with metastases in left tonsils, cervical nodes, T11/12 paravertebral subcutaneous lesion, ? liver
Treatment

- 08/09-16/11/2015: Started on first line FOLFOXIRI but PD after 5#
- 15/12/2015: Patient required emergency tracheostomy for upper airway obstruction from progressive disease in large conglomerate necrotic mass in the left tonsil
- Started on NGT feeding
- MSI testing requested in view of rapidly progressing disease
- **19/12/2015** Left cervical LN biopsy: Microsatellite instability (MSI)
  - **MLH-1:** Positive
  - **MSH-2:** Positive
  - **MSH-6:** Positive
  - PMS-2: Positive
- **Jan 2016:** Received 3# RT to neck for local symptom control
- **12/02/2016:** She was started on second IV Pembrolizumab 200mg
ESMO PRECEPTORSHIP PROGRAMME

After 5# Pembrolizumab

Patient weaned off tracheostomy in May 2016

January 2016

May 2016

After 5# Pembrolizumab

Patient weaned off tracheostomy in May 2016
Dosing of IV Pembrolizumab was interrupted intermittently due to drug related transaminitis required prednisolone

Dec 2016: CT showed threatened perforation of appendix hence underwent open right hemicolecotomy

Jan 2017: Resumed on IV Pembrolizumab, last received on 08/05/2018

Serial CT showed continuous response to immunotherapy and in radiological CR