Treatment of a patient with metastatic DOTATATE-negative neuroendocrine neoplasia (G2) of the ileum
DISCLOSURE OF INTEREST

- No conflicts of interest
70 year old female patient

- Since 02/17 colic abdominal pain, absence of potentially hormone-mediated symptoms
- 07/17 CT Scan: Tumour of the distal ileum with $M_{\text{hep}}$
- Resection of the tumour and biopsy of liver lesions:
  - pT3m G2 cN+ pL1 pM1_{hep}
  - Immunohistochemistry (primary): CgA & Syn +, ki67 2-3%
- DOTATATE-PET/CT(25.08.17) before start with somatostatin analogue-treatment
Further diagnostic procedures

- Liver metastases without relevant DOTATATE-Uptake

- Immunohistochemistry (liver metastases): ki67 10%
Treatment

- Due to the lack of relevant DOTATATE-Uptake (PET/CT) no treatment with somatostatin analogue
- 08/17 Treatment with Everolimus (10mg/ die) – due to mucositis dose reduction (5mg / die) and after amelioration of the mucositis (5 /10mg alternating)
- Slight remission of the liver lesion – RECIST: SD
- Since 01/18 growing dyspnea and edema of the lower leg; no evidence of cardiologic etiology
- Minor response of the liver metastases
- Pneumonitis (grade 2 – CTCAE, version 4.0)
Toxicity during treatment with Everolimus according to the RADIANT4-trial

<table>
<thead>
<tr>
<th>Condition</th>
<th>all grades</th>
<th>≥ Grad 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomatitis</td>
<td>63%</td>
<td>9%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>31%</td>
<td>6%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>31%</td>
<td>2%</td>
</tr>
<tr>
<td>Rash</td>
<td>27%</td>
<td>1%</td>
</tr>
<tr>
<td>Peripheral edema</td>
<td>26%</td>
<td>2%</td>
</tr>
<tr>
<td>Noninfectious pneumonitis</td>
<td>16%</td>
<td>1%</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>10%</td>
<td>1%</td>
</tr>
</tbody>
</table>

YAO JC et. Al. Lancet. 2016 March 05; 387(10022): 968–977
Treatment of Pneumonitis/ Interstitial lung disease

Treatment of antineoplastic agent-induced pulmonary injury is empiric rather than evidence based

- > grade 1: discontinuation of the suspected drug
- ≥ grade 2: glucocorticoid treatment
  - Dose unclear, e.g. Prednisolone/ Methylprednisolone at a dose of 0.75 - 1mg x kg body weight; tapering the dose
  - Exclusion of an infectious etiology
  - Pneumocystis jirovecii prophylaxis?

Rapid amelioration after treatment with 60mg prednisolone
Therapy cont

- MTB: Treatment with sunitinib (off label in small bowel NEN): progression of the hepatic lesions
- MTB discussion: No SIRT due to suspicion of an additional peritoneal lesion
- Re-Biopsy of the hepatic metastases showing a slight increase of proliferation rate (Ki67 15%)
- MTB: Treatment with temozolomide & capecitabine
02/19: After further progression of liver mets selective internal radiotherapy (SIRT) in liver dominant disease

Super selective position of the catheter at largest centrally located liver met

Y-90 Scintigraphy

Tc-99m MAA Scintigraphy

CT

Courtesy of Dr. Prasad, Ulm, Germany
Therapy cont

- To prevent a RILD patient receives Methylprednisolone and Ursodeoxycholic acid
- 03/2019 last contact 4 weeks after SIRT: patient in good clinical condition
- 04/2019 Next week: CT scan and MTB discussion two months after SIRT - pending
Thank you for your attention!