A diagnosis of lung cancer during pregnancy

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Case

- 31 year old lady G_2P_1
- Fit & well, PMHx sarcoidosis diagnosed 2017
- Ex-smoker of 1 pack year aged 17
- No family history of note

- Natural conception April 2018
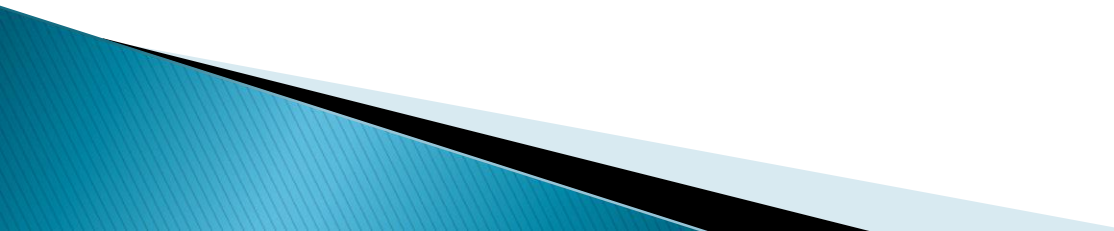- July 2018: 12 week scan confirmed twin pregnancy but only 1 viable foetus

Case

- Early August 2018 – develops left sided chest pain

- Mid August 2018 develops worsening pain, dry cough and hoarse voice

Question

▸ What investigations are safe during pregnancy?

What investigations are safe during pregnancy?

- A. CxR and USS only
- B. CT thorax, abdomen and pelvis
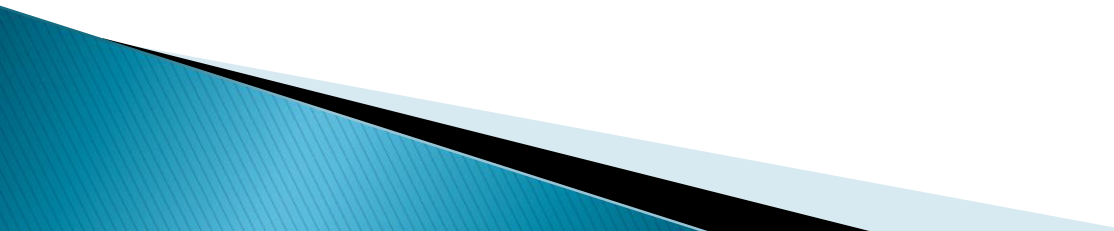- C. CT chest only
- D. No CTs just MRI

Case

- 13th August 2018 patient undergoes chest x-ray and CTPA
- No PE identified but left upper lobe cavitating mass, hilar and supraclavicular lymphadenopathy

- 21st September 2018 undergoes chest USS and aspiration of pleural fluid

- Cytology confirms lung adenocarcinoma, further testing shows EGFR exon 19 mutation

Question

- What would be the safest anti-cancer treatment for this lady?

What would be the safest anti-cancer treatment for this lady?

- A. Cytotoxic chemotherapy
- B. Targeted EGFT inhibitors
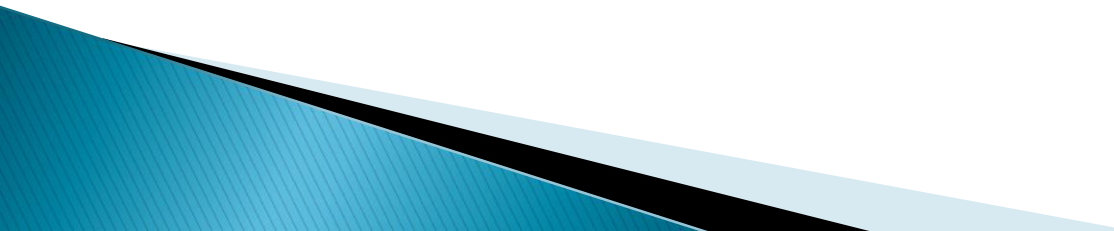- C. Immunotherapy
- D. Best supportive care

Case

- Repeat CT scan performed early October showed significant PD

- Patient offered :
  early delivery <u>vs</u> cytotoxic chemotherapy <u>vs</u> gefitinib

- Patient opted for gefitinib

Question

▸ When should she deliver?

When should she deliver?

- A. Right now (week 26/27)
- B. Week 32
- C. Week 37
- D. Should be allowed to go to full term

Case

- Rapid deterioration after 3 weeks of gefitinib with worsening effusion, new liver and brain metastases

- 8th November 2019 undergoes semi-urgent C-section at 29+5 delivers baby boy

- 14/11/19 – further testing on pleural cytology confirms primary T790m mutation

- 16/11/19 commences osimertinib with initial excellent partial response

Case

- Currently: remains on osimertinib, some early signs of progression on recent CT

- Exploring options of next-generation TKIs

Thank you