Tumor Board - Clinical case # 4 (Gynecologic Oncology)

Patient name: Caroline Johnson (CJ)
DOB: Feb 1st 1948
Date of consult: 03/13/2017

Present History:

A 69-year-old postmenopausal woman came to our gynecologic oncology clinic because of an enlarging uterus with complex uterine mass and persistent urinary incontinence. Seven years ago, she had a transurethral resection of a superficial low grade bladder cancer with no evidence of recurrent disease.

Tumor Stage : pT1b, NX, MX, FIGO Stage IB

Additional tumor information :

High grade uterine leiomyosarcoma, spindle cell type

FIGO Stage 1B

Past medical history:

- Superficial bladder cancer (low grade) in 2010
- Atrial fibrillation
- Hyperlipedemia
- Hypertension

Personal Habitus

- Patient is married
- Exercise three times a week
- Never smoked
- Has a glass of wine twice a week

Family history :

- No cancer in the family

Medication :

- Tolterodine
- Warfarin, metoprolol succinate
- Atorvastatin
- fish oil
- Lorazepam (as needed)
- Doxepin
- Calcium
- vitamin D
- Multivitamin

Allergies:

- Rash to sulfa drugs

Patient summary :

A 69-year-old woman came to our gynecologic oncology clinic because of persistent urinary incontinence. In 2010, she had a transurethral resection of a superficial low grade bladder cancer with no evidence of recurrent disease. In 2015, she noticed an exacerbation of urinary incontinence despite tolterodine taken as needed for symptom control. At that time, a pelvic examination revealed a 12 week of gestation. The uterus was mobile and nontender and these features were thought to be consistent with a fibroid. The adnexa were difficult to assess because of the enlarged uterus. Pelvic ultrasonography was performed favoring the diagnosis of a fibroid with cystic changes and the patient was referred for pelvic-floor physical therapy. Three months later, in 2016, a new pelvic exam identified a uterus of a pregnant woman at 16 weeks of gestation. A second pelvic ultrasound was performed. A slight enlargement of the fibroid was noticed with cystic lesion thought to represent cystic degeneration. A CT scan confirmed the same size of the mass seen on ultrasound: (7.1 cm x 7.4 cm x 7.4 cm). Patient remained stable with an ultrasound performed every 3 months. On 03/10/2017, the mass had increased in size (6.9 cm x 8.8 cm x 10.3 cm) with large central cystic component and a 4mm endometrial echo-complex. Given this patient's age and the presence of a degenerating mass that increased in size on imaging studies, the most likely diagnosis is uterine leiomyosarcoma. Based on exam and imaging studies, a laparoscopic hysterectomy with bilateral salpingo-oophorectomy was performed.

Physical exam (03/13/2017)

- Patient appeared younger than her stated age complaining about a transient ulvar itching and urinary incontinence
- Temperatue: 36.7°C
- Heart rate: 77 beats per minute
- Blood pressure: 173/77 mm Hg.
- Weight: 66.7 kg
- Body-mass index: (the weight in kilograms divided by the square of the height inmeters) 25.6.
- The abdomen was soft and nontender.
- Pelvic and rectal examinations were unchanged from the results of recent examinations,
- The remainder of the examination was normal with no wheight loss, constipation, diarrhea, urinary frequency, [redacted] or dysuria.
- Papanicolaou smear : Normal
- Breast mammogram : Normal

Laboratory Data Variable with Reference Range in Adults on Evaluation in our Hospital: (03/13/2017)

Hemoglobin (g/dl): 12.4 (12.0–16.0 (women))
Hematocrit (%): 38.4 (36.0–46.0 (women))
White-cell count (per mm3): 5900 (4500–11,000)
Platelet count (per mm3): 234,000 (150,000–400,000)
Sodium (mmol/liter): 141 (135–145)
Potassium (mmol/liter): 4.3 (3.4–4.8)
Chloride (mmol/liter): 103 (100–108)
Carbon dioxide (mmol/liter): 24.8 (23.0–31.9)
Urea nitrogen (mg/dl): 19 (8–25)
Creatinine (mg/dl): 0.83 (0.60–1.50)
Calcium (mg/dl): 9.5 (8.5–10.5)
Total protein (g/dl): 6.9 (6.0–8.3)
Albumin (g/dl): 4.3 (3.3–5.0)
Globulin (g/dl): 2.6 (2.3–4.1)
Alanine aminotransferase (U/liter): 28 (7–33)
Aspartate aminotransferase (U/liter): 34 (9–32)
Alkaline phosphatase (U/liter): 71 (30–100)
Total bilirubin (mg/dl): 0 .4 (0.0–1.0)

Radiology exams;
Previous Radiology exams:

06/03/2015

1. Pelvic ultrasound imaging:
   The uterus measures 8.5 cm x 8.9 cm x 9.6 cm. A heterogeneous mass (measuring 6.4 cm x 7.8 cm x 8.4 cm) is identified in the uterus. There are multiple small areas of hypoechogenicity in the mass that are most likely consistent with cystic changes or necrosis. The mass has some areas of increased peripheral vascularity. The endometrial echocomplex is not well visualized because of distortion by the mass, but the visualized portion measures 6 mm. The ovaries are not identified, but there are no large adnexal masses.
   (Upload slides 9, 10, 11)

10/05/2015

2. Pelvic ultrasound imaging:
   The uterus measures 8.9 cm by 9.2 cm by 11.2 cm and has heterogeneous echogenicity. A large fibroid (measuring 7.2 cm x 7.6 cm x 8.0 cm) is present on the left side of the uterus, and it has areas of internal hypoechogenicity that are probably consistent with fluid.
   (Upload slide 12)

03/10/2016

3. Pelvic Ultrasound imaging:
   The uterus presents with a fibroid (measuring 5.6 cm x 6.5 cm x 6.7 cm) on the left side of the uterus that has internal cystic spaces. The fibroid has decreased in overall size since the previous study but has a higher number of cystic components, and it is probably consistent with a large degenerating fibroid.
   Upload (slide 13)

07/15/2016

4. Pelvic Ultrasound imaging:
   Reveals a hypoechoic lesion (measuring 5.2 cm x 5.4 cm x 5.8 cm) that probably represents a uterine fibroid.
   (Upload slide 14)

03/10/2017 (Most recent)

5. Pelvic Ultrasound imaging:

Coronal and sagittal gray-scale ultrasound images show a large, heterogeneous mass (measuring 6.9 cm x 8.8 cm x 10.3 cm) in the uterus. The mass has focal hypoechoic areas that are suggestive of cystic changes or necrosis.

(Upload slide 15)

03/10/2017

6. Color Doppler ultrasound

Uterine mass with some areas of increased peripheral vascularity (arrow).

(Upload slide : 16, I copied it from the pdf paper so I do not know how he quality is going to be.)

03/21/2017

Pathology report: (to create)

laparoscopic hysterectomy with bilateral salpingo-oophorectomy :

Gross description : 13.5 cm x 12.5 cm x 7.0 cm aggregate of morcellated uterine corpus. Intact cervix, ovaries and fallopian tubes.

(Upload slides 50, 51)

Histological description :

Leiomyosarcoma, conventional (spindle cell) type

Tumor size : Size : > 5cm

Tumor grade: High Grade

Extension out of the uterus : absent

Biopsies of omentum, right and left diaphragm: Negative for tumor

Pelvic wash: Negative for tumor.

Tumor Stage : pT1b, NX, MX, FIGO Stage IB

(Upload slides 54, 55, 56, 57, and 58 with written comments)

Tumor Board #1:

Attending physicians: J D. Wright, M.D. *(Gynecologic Oncology)*, J.O. Schorge, M.D. *(Gynecologic Oncology)*, A. Kilcoyne, M.D. *(Radiology)*, R. H. Tambouret, M.D. *(Pathology)*.

03/28/2017

New Patient.

Point of discussion:
CJ, a 69-year-old postmenopausal woman, has been newly diagnosed with a high grade, FIGO 1B, uterine leiomyosarcoma. Today we are discussing her case for further treatment recommendations.

Patient summary :

CJ had an uneventful recovery from a minimally invasive surgery. The diagnosed leiomeiosarcoma being limited to the uterus and knowing that the role of lymphadenectomy is controversial in this type of tumor, no further interventions is required. Also, the role of adjuvant chemotherapy being poorly defined for stage I disease, no adjuvant therapy will be administered. However, the postop PET/CT scan shows a suspicious 1-cm right upper lobe lung nodule.

Next steps :

1. Consultation with thoracic surgery to observe
2. Patient will be seen in 3 months unless needed earlier.
