

中文題目：在完整肺葉切除一個月後快速復發的多型性肺癌，鉑金為基礎的化學治療加上 Pembrolizumab 會不會是一個可行的方式呢？

英文題目：Pulmonary Pleomorphic Carcinoma with Rapid Recurrence within One Month after a Total Lobectomy : Is Platinum Based Chemotherapy with Pembrolizumab a Effective Strategy ?

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Introduction:

Pulmonary pleomorphic carcinomas (PPC) is extremely rare, with incidence of 0.1-0.4% of all lung cancer. PPC is always refractory to systemic chemotherapy and resulted in a poor prognosis. No standard treatments or effective managements have been established. Median progression free survival (PFS) was merely 2.0 months and the overall survival (OS) was 6.3 months if patients receive platinum based chemotherapy. Anyway, totally resected PPC in the early stage is always the only chance to have long-term survival. Recently, two case reports of pleomorphic carcinoma with high expression of programmed death-ligand 1 (PD-L1) had good response to Pembrolizumab.

We herein present a patient with pulmonary pleomorphic carcinoma and underwent lobectomy of lung cancer but recurrence rapidly within one month. Because of high PDL-1 in initial biopsy specimen, we decided to prescribe Docetaxel and Carboplatin with Pembrolizumab(an anti-PD 1 inhibitor) to him. Now, his condition is stable. We share the case and make a literature review.

Case Report

A 70 years old man had blood-tinged sputum for weeks and chest computed tomography (CT) revealed a mass over right upper lobe. Bronchoscopic biopsy revealed grade 3 adenocarcinoma. No distant metastasis. Therefore, Video-Assisted Thoracic Surgery (VATS) based right upper lobectomy and lymph node dissection were performed. The histopathologic report showed pleomorphic carcinoma. The surgical stage was stage IIB (pT3N0M0). Positive for thyroid transcription factor -1 (TTF-1) and negative for p40, indicated pleomorphic carcinoma contained a pulmonary adenocarcinoma component. In addition, negative for Epidermal growth factor receptor (EGFR) and Anaplastic lymphoma kinase (ALK) were observed.

One month after this surgery, the chest radiography showed two huge chest wall tumors. He then underwent right chest wall tumor excision soon and the pathologic report revealed metastatic carcinoma of pulmonary origin. After surgery, he was treated by chemotherapy with Vinorelbine and Cisplatin. However, progressive dyspnea and massive right side pleural effusion were noted rapidly after chemotherapy. The follow-up chest CT showed tumor progression with multiple metastatic lymphadenopathies with right pleural effusion and right chest wall metastasis. For the rapid progression course, we carefully review his resected specimens, the adenocarcinoma component had high tumor proportion score (TPS) PDL-1 expression (75%) and pleomorphic carcinoma showed relatively low TPS (10%). We held a family conference and started to prescribe Docetaxel plus carboplatin with 2mg/kg pembrolizumab for him. Now, his chest radiography is stable.

Conclusion

We present this rare case – pulmonary pleomorphic carcinoma (PPC) with rapid progression though total resection of the tumor and refractory to the platinum based chemotherapy and we are firstly to try pembrolizumab with platinum based chemotherapy as salvage therapy. Further efficacy should be evaluated.