

Huge Right SCF Mass in a Case of Double Cancer (Buccal Cancer and Hepatoma): the Role and Treatment Consideration of RT

Case Number: RT2009 - 69(M)

Potential Audiences: Intent Doctor, Oncology Special Nurse, Resident Doctor

Purpose: to present a case of double cancer, both buccal cancer and hepatoma, with right SCF huge metastatic mass with severe pain; to discuss the role and treatment consideration of radiotherapy

Scenario: You are radiotherapy (RT) Intent Doctor/Special Nurse/Resident Doctor, and you are assigned to evaluate the following patient before visiting of your RT attending physician. Please review the following description carefully; your RT attending physician will visit this patient later and discuss with you after your review.

Case Presentation:

This 51-year-old male patient, 林 OO, with performance status of ECOG 4, was referred to us for radiotherapy assessment under the problem of 'right SCF metastatic carcinoma' on 2007/09/18.

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1. The patient had double cancer history of the right buccal mucosa cancer, 4 years post surgery-plus-RT, and hepatoma with portal vein thrombosis (2007/05).
2. In 2007/09, a right SCF mass lesion was noted for 1-2 months, and he was referred to our RT section for RT evaluation thereafter.
3. On 2007/09/18, you visit this patient and his wife in the ward.

Histories: 1. right buccal mucosa cancer, 4 years post surgery and RT; 2. peptic ulcer with upper GI bleeding; 3. hepatoma with portal vein thrombosis, diagnosed in 2007/05; 4. alcoholic liver cirrhosis

Review of systems: right SCF mass progressively enlargement for 1-2 months; left frank pain for 1-2 months; severe trismus; on NG feeding.

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1. General Condition:

- (1). **Physical condition:** lying on bed
- (2). **Speech:** very slurred

2. Physical Examinations:

- (1). **HEENT & SCF:** severe trismus; on NG tube; a large mass with size about 8-10 cm with erythematous skin change over the right SCF region; moderate Jaundice
- (2). **CHE & Axillary:** unremarkable
- (3). **ABD & inguinal region:** unremarkable
- (4). **Back & Spine:** tenderness over the left pelvic bone region
- (5). **Extremities:** mild edema on the left upper arm
- (6). **Others:** neg.

3. *****Pathology in 2007/09, biopsy of the right shoulder mass:** metastatic carcinoma, poorly differentiated, positive for cytokeratin and negative for TTF-1 and PSA.

5. **CT of the H&N and ABD: pending result**

6. **CXR and ABD sono and Bone scan:** not done

Key Image(s):

Fig. 1. CT, 2007/09

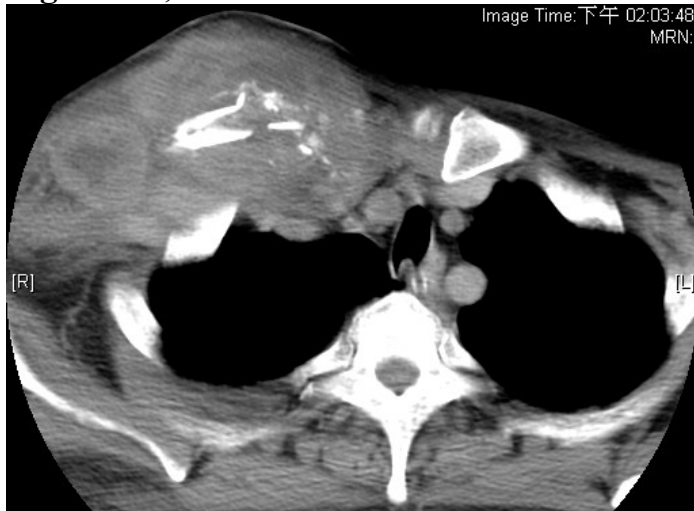


Fig. 2. CT, 2007/09

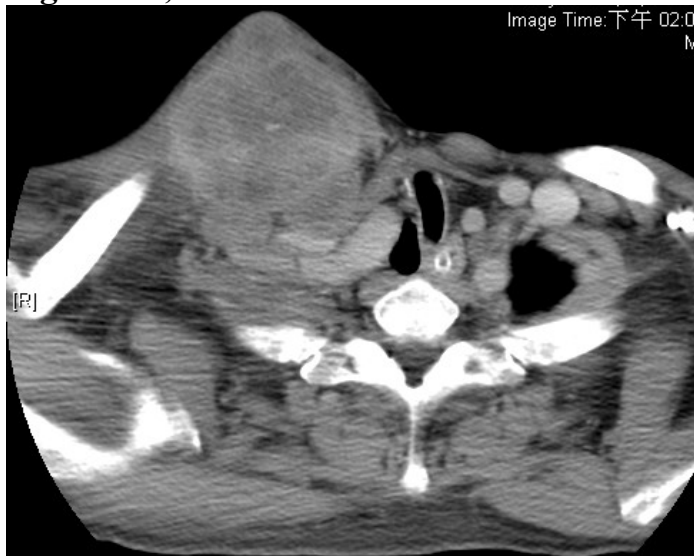
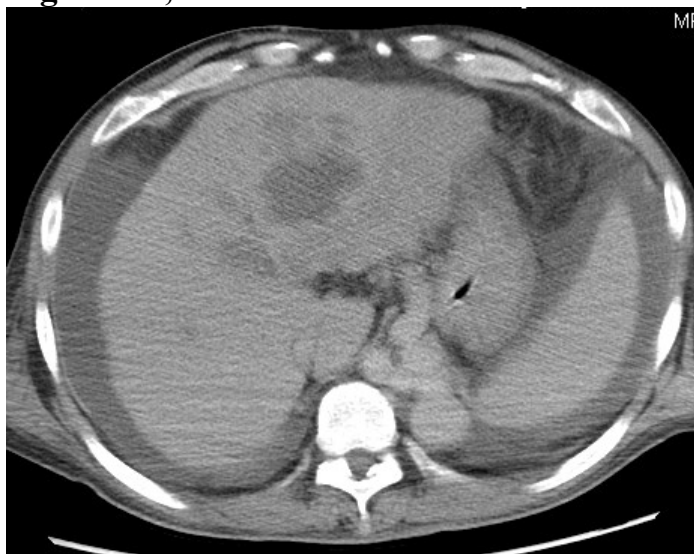


Fig. 3. CT, 2007/09



Questions & Discussions:

(Please answer the following questions commented from your RT attending physician.)

Q1: What are your *findings/interpretations* for the above key image(s)?

Q2: What is your *clinical cancer stage*, according to the AJCC 2006, for this case?

Q3: What is your *pathologic cancer stage*, according to the AJCC 2006, for this case?

Q4: What are your *Oncology Diagnosis / Assessments* for this case?

Q5: What is your *Oncology Plan* for this case?

Q6: What is your *Radiotherapy Plan* for this case?

(Please reply with the following form: *Indication/Contraindication, Goal, Target & Volume, Technique, and Dose & Fractionation.*)

Questions & Discussions: (with potential answers)

(Please answer the following questions commented from your RT attending physician.)

Q1: What are your *findings/interpretations* for the above key image(s)?

A1: As described in the last attached page.

Q2: What is your *clinical cancer stage*, according to the AJCC 2006, for this case?

A2: initial stage unknown; (right SCF mets favor primary of the right buccal cancer), rT0N0M1, r-stage IV (2007/09, AJCC 2002)

Q3: What is your *pathologic cancer stage*, according to the AJCC 2006, for this case?

A3: initial pathology stage unknown

Q4: What are your *Oncology Diagnosis / Assessments* for this case?

A4: Oncology Diagnosis & Staging:

- (1). Metastatic carcinoma, poorly differentiated, of the right SCF region, size more than 8 cm, with multiple bone mets, with original site may be oral cancer or hepatoma (favor primary of the right buccal cancer), rT0N0M1, r-stage IV (2007/09, AJCC 2002)
- (2). Right buccal cancer, initial stage unknown, 4 years post surgery and post-op RT
- (3). Hepatoma with portal vein thrombosis, diagnosed in 2007/05, with disease progression (2007/09 CT: multiple nodular lesions on bilateral lobes)

Q5: What is your *Oncology Plan* for this case?

A5: Suggest Current Oncology Plan:

- (1). Further work-up studies: ABD sono and **bone scan** may be helpful for this patient.
- (2). Further treatment combination: chemotherapy (if possible) and palliative RT

Q6: What is your *Radiotherapy Plan* for this case?

(Please reply with the following form: *Indication/Contraindication, Goal, Target & Volume, Technique, and Dose & Fractionation.*)

A6: RT Plan may be designed as the following one:

- (1). **Indication:** right SCF mets mass with severe pain
- (2). **Goal:** palliative; symptom alleviation
- (3). **Target & Volume:** Right SCF metastatic mass with adequate-limited margin
- (4). **Technique:** 2DRT
- (5). **Dose & Fractionation:** 5000-6000 cGy in 25-30 fractions

Further Readings & References:

NCCN 2009 & Perez 2008 & AJCC 2006

Radiation Oncologist
Hon-Yi Lin 2009/03/20

Key Image(s): (with marked)

Fig. 1.

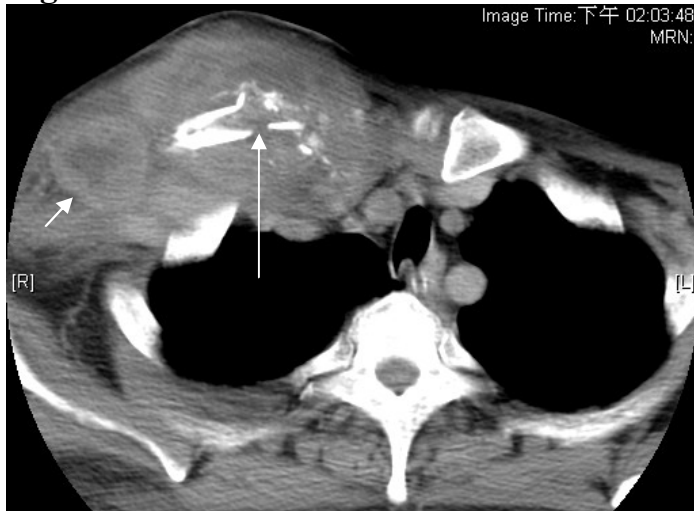


Fig. 1. The right SCF mass with massive destruction to the right clavicle, suspect bone mets with soft tissue extension (as the long white arrow); another small mets mass over the right lateral border of the huge mass (as the short white arrow).

Fig. 2.

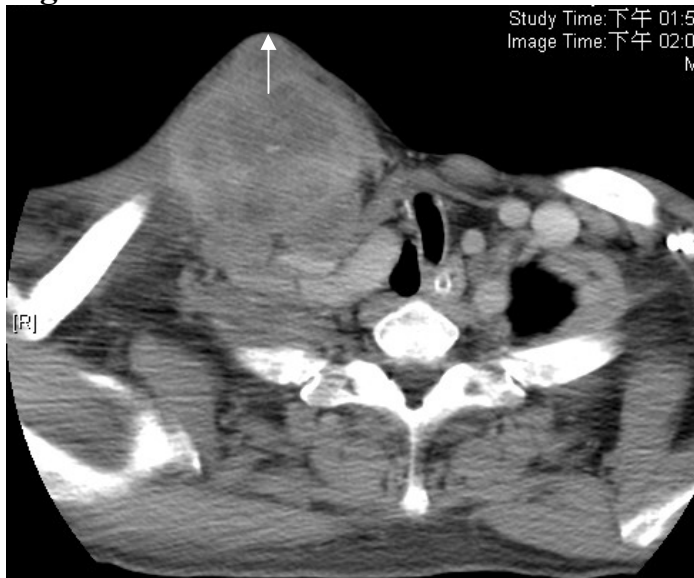


Fig. 2. The right SCF confluent huge tumor with a bulging tip with near rupture status (as the white arrows).

Fig. 3.

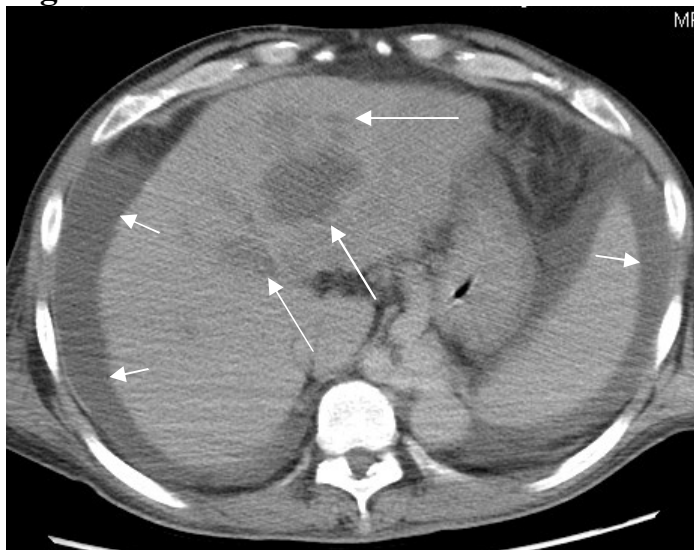


Fig. 3. Residual hepatoma over the liver (as the long white arrows); ascites was noted (as the short white arrows).