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Eight lines treatment in advanced stage NPC: A case report

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A 55 years old male, Indonesian has no history of chronic disease, alcohol intake or smoking. For three months prior being diagnosed, patient complained headache, blurred vision and hearing loss in right ear and in September 2011 diagnosed with undifferentiated nasopharyngeal carcinoma with no distance metastases in previous hospital. Patient was treated with 4 lines chemotherapy consist of: (1) Carboplatin+Capecitabine; (2) Paclitaxel+Cisplatin; (3) Paclitaxel+Etoposide+Cisplatin; (4) Capecitabine which started in Jan-2012 until Dec-2015. He gained symptoms improvement but never reached complete response even remained with PS 1. Then he was referred to Dr. Sardjito Hospital, Yogyakarta, Indonesia. In mid-January 2016, patient came and presented with bilateral fixed neck mass, diplopia, headache, epistaxis and ear discharge and hearing loss in right ear. MSCT revealed solitary nodule liver metastases. The diagnoses was undifferentiated NPC T4N2M1. Patient received the 5th line treatment with Docetaxel and followed by radiotherapy (IC-RT). During the treatment, patient experienced myelosuppression but was able to complete the treatment with support by G-CSF and packed red cell transfusion. In end of May 2016, the patient had an episode of tooth ache, wobbly teeth and swelling gum. Fine needle biopsy at palatum and right gingival revealed malignant cell undifferentiated carcinoma/metastasis NPC. The 6th line treatment Gemcitabine-Cisplatin was planned to give from May-Oct 2016. In Aug 2016, MSCT nasopharynx revealed a residual mass in left nasopharynx and bilateral maxillary and ethmoid sinus, but the size was regressed and concluded as partial response. But then patient requested a treatment break. On Nov 2016, patient had experienced smelly and bloody nasal and ear discharge, trismus and enlargement of palatum mass but he still refused to continue the treatment. On Feb 2017, nasopharynx MSCT revealed a residual mass in left nasal cavity, bilateral maxillary sinus, palatum durum et molle with destruction of sphenoid et ethmoid bone and concluded as disease progression. The 7th line treatment consisted of six cycles of Ifosfamide, 5FU and folinic acid regiment was given from Feb until July 2017. During the treatment sessions the symptoms improved, the palatum mass regressed, pain, ear and nasal bloody discharge and trismus diminished. On Nov 2017, tumor raised (suggested recurrence mass) in left and right periauricular 1.5×1.5 cm in size. Bone survey revealed bone metastases. The 8th line treatment were Gemcitabine and Carboplatin as induction chemotherapy, then followed by CRT and adjuvant chemotherapy (IC-CRT-AC). Until January 2018, patient underwent 3rd cycle of 8th line chemotherapy. The patient gained improvement and periauricular tumor regressed with PS 1 and still continuing the treatment.

Biography

Dian Pratiwi has completed her Internal Medicine specialization from Gadjah Mada University, Indonesia in 2013 and presently, she is a Trainee of Hematology and Medical Oncology in Dr. Sardjito Hospital, Yogyakarta, Indonesia. She is also a Member of ESMO and has presented one poster in ESMO ASIA event in Singapore 2017.

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