

Radiation Oncology Second Opinion - Center of excellence Written Report

Date: 2022-10-18

Patient: Jane Doe

Discussion:

Case 160929194548HONBE

The question, as I understand this case is whether this patient, with a positive smoking and drinking history, and ionizing radiation exposure had a widely disseminated SCC of the lung or a SCC of the tonsil with cervical metastases as well as a concurrent lung cancer that was also disseminated.

Unfortunately, the pulmonary lesions, as well as the other areas of bony and brain were not biopsies. Any statements become speculation. It is not uncommon for different areas of metastasis from the same primary to have differing responses to chemotherapies. On the other hand the most common primary site from a cervical SCC of unknown origin is the tonsillar fossa.

I agree that the bony and brain metastases would be far more common in a primary lung cancer.

I believe the only way this question could have been definitively answered is with a biopsy of the lung lesions. This could have been two primary cancers such as a non small cell or small cell Ca of the lung plus the SCC of the tonsil involving the neck, or a widely disseminated SCC of the lung.

Unfortunately, there is no way now to know for sure. Any further statement would just be speculation.

, MD

Recommendations:

No further recommendations as I assume the patient is deceased.

Additional:

The patient is requesting second opinion regarding a squamous cell malignancy.

The patient was diagnosed with a cervical neck mass in 6/2014 which was eventually biopsied due to continued growth. Pathology revealing SCC of the head and neck with unknown primary. Further staging at the time showing a solitary nodule in the lower lobe of the lung (laterality is not described). The patient subsequently underwent a neck dissection in 8/2014 revealing a bulky mass involving the parotid gland and tonsil remnant. This was thus considered to be a SCC of the tonsil and repeat chest imaging done at that time revealing increasing size of the aforementioned chest nodule as well as increasing number of these lesions. The patient was subsequently treated with carboplatin and paclitaxel every 3 weeks with what sounds to be

mixed response. Some improvement in lung metastases without improvement in "distant mets" like brain and skeletal metastases.

The patient had a history of exposure to ionizing radiation as well as an apparent history of smoking and alcohol according to provided documentation.

It should be noted that the pulmonary nodules were never biopsied.

Based on the above provided documentation it is really not possible to say whether the cancer in the lungs metastasized to the nodes of the head and neck, whether the primary was in the head and neck and metastasized to the lungs, or whether there were two synchronous cancers: a cancer of the head and neck primary as well as a cancer of lung primary that were found concurrently. Certainly, there exists the possibility of field effect and the fact that many of the same risk factors for head and neck cancer are also risk factors for developing lung cancers.

In the case that this was a primary head and neck cancer that had metastasized to the lungs, the optimal treatment would have likely been treatment with a 5-FU/platinum/cetuximab regimen rather than carboplatin and paclitaxel. If this was a lung cancer that had metastasized to the head and neck, the regimen selected was definitely appropriate. In the scenario of two separate primaries, the regimen selected would again be appropriate.

Again, in order to fully understand which of these clinical scenarios was correct, we would need to have tissue from the lung lesions and determine if these were the same or different from the tissue obtained from the head and neck resection. I do agree, however, that the pattern of spread to the brain and bones is most consistent with a primary lung cancer being the source of metastases and thus the possibility of a head and neck cancer alone being the clinical scenario is least likely.

Sincerely,

, M.D.

Electronically Signed by: , MD on 10/18/2022 08:40:45 PM

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