

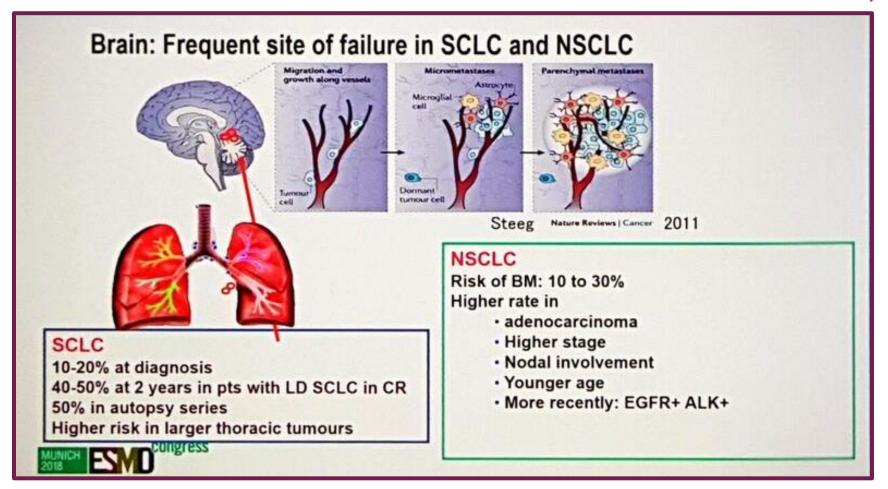
19-23 DE OCTUBRE 2018, MUNICH

METÁSTASIS CEREBRALES

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- Importancia de detectar las metástasis cerebrales asintomáticas en pacientes potencialmente curables.
- Estudio previo en operables: incidencia del 3.4% en RM vs 0.6% con TAC

Asymptomatic Brain mets (Rice)		2,4%	5,6%	0%	6,1%	20%
Asymptomatic Brain mets (Ando)			13%			





Screening for brain mets in pts with stage III NSCLC, MRI or CT? A prospective study Schoenmaekers et al, Maastricht

Introduction

- +/- 20% of otherwise stage III NSCLC pts have baseline brain metastases (BM)

 Aim
- Evaluate additive value of MRI after dCE-CT

Method

- Observational prospective multicentre study (NTR3628)
- Primary endpoint:
 - % of patients with BM on MRI without suspect lesions on dCE-CT.
 - A difference of 2% was considered clinically relevant
- Secondary endpoints:
 - % of patients with BM ≤1 year of a negative staging MRI.
 - % of patients with BM on dCE-CT



Le Pechoux Discussant: Schoenmaekers et al Screening for BM in pts with st III NSCLC







Screening for brain mets in pts with stage III NSCLC, MRI or CT? A prospective study Schoenmaekers et al, Maastricht

Introduction

+/- 20% of otherwise stage III NSCLC pts have baseline brain metastases (BM)

Aim

Evaluate additive value of MRI after dCE-CT

Main Results

- Observational prospective multicentre study (NTR3628)
- Primary endpoint:
 - % of patients with BM on MRI without suspect lesions on dCE-CT.

4,7%

- A difference of 2% was considered clinically relevant
- Secondary endpoints:
 - % of patients with BM ≤1 year of a negative staging MRI.

7%

% of patients with BM on dCE-CT

7%



Le Pechoux Discussant: Schoenmaekers et al Screening for BM in pts with st III NSCLC







Patient characteristic	Group 1 (118 pt) N (%)	Group 2 (31 pt) N (%)	Total (149 pt) W (%)	
cTstage				
o/x	3 (3)	2 (7)	5 (3)	
1a	4 (3)	1 (3)	5 (3)	
1b	8 (7)	1 (3)	9 (6)	Λ
2a	24 (20)	1 (3)	25 (17)	A ma
2b	12 (10)	1 (3)	13 (9)	N, m
3	19 (16)	4 (13)	23 (15)	incid
4	48 (41)	21 (68)	69 (46)	
cNstage				Impo
o/x	12 (10)	9 (29)	21 (15)	Impo
1	5 (4)	3 (10)	8 (5)	realiz
2	72 (61)	15 (48)	87 (58)	basa
3	29 (25)	4 (13)	33 (22)	
Histology				
Adenocarcinoma	56 (48)	11(36)	67 (45)	
Squamous cell carcinoma	46 (39)	11 (36)	57 (38)	43
Large cell carcinoma	1 (1)	3 (10)	4 (3)	
NOS	13 (11)	6 (19)	29 (13)	
LCNEC	2 (2)	0 (0)	2 (1)	

A mayor T y mayor N, mayor incidencia.

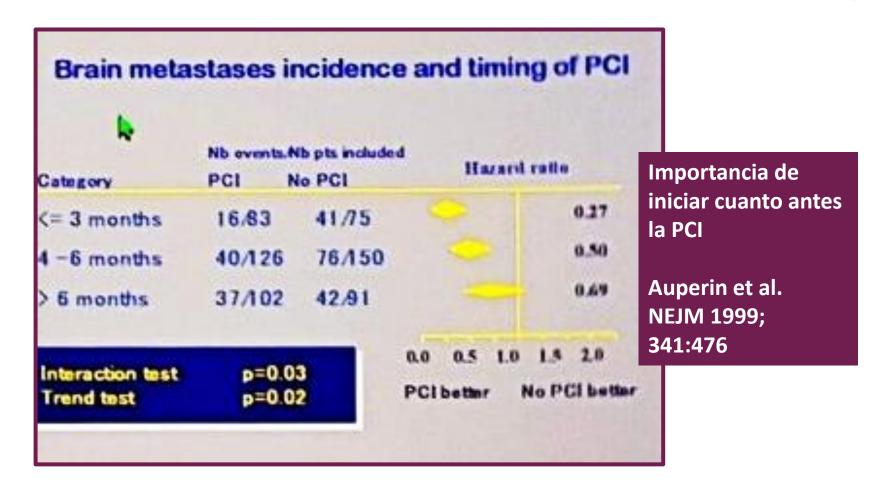
Importancia de realizar RM cerebral basal





- Desde los años 70 se incorpora el concepto de la PCI (radiación intracraneal profiláctica) en cancer microcítico de pulmon, realizándose ensayos en las decadas de los 80-90.
- Meta-analisis de 1999 muestra (Auperin et al, NEJM):
 - Menor incidencia de M1 cerebrales
 - Incremento de supervivencia en enfermedad localizada y diseminada en respuesta.

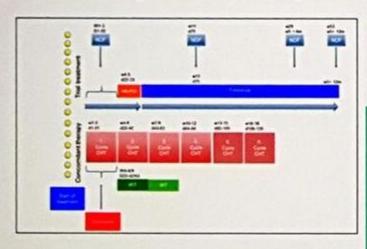








Phase I trial SAKK 15/12: Impact of early PCI with hippocampal avoidance on neurocognitive function in patients with LD SCLC



HA-PCI concomitant to the 2nd cycle of CHT (cisplatin or carboplatin and etoposide) and tRT.

Objective NCF testing: performed before HA-PCI (BL), 6 wks, 6 and 12 months after HA-PCI

<u>Primary endpoint</u>: NCF decline at 6 mo after HA-PCI defined as a decrease in any of the tests :

- ►Trail making tests A&B (Visual search, scanning, speed of processing and executive function)
- COWAT (Language / verbal fluency).
- ► Hopkins Verbal Learning Test Revised (HVLTR): immediate, delayed, recognition memory

Hypothesis: Rate of ≤30% of patients with no NCF decline as unpromising, rate of ≥50% as promising.

Secondary endpoints: BM-free survival, OS, QoL



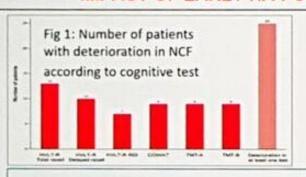
Le Pechoux Discussant: Vees et al Early PCI with hippocampal avoidance in LD SCLC

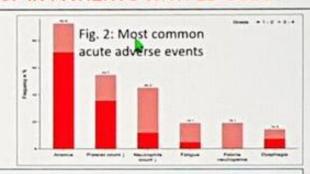






IMPACT OF EARLY HA-PCI ON NCF IN PATIENTS WITH LD SCLC





Results

- 38 of 44 enrolled patients evaluable for NCF assessment at 6 months (2 no CHT, 3 no BL TMT B assessment, 1 early death).
- Median follow-up: 13 months
- 1-year OS rate: 87% (95% CI: 72-94%).
- The number of patients with deterioration (of at least 1 test) in NCF at 6 months after HA-PCI = 25/38 pts 66% decline in our trial.
- Until 6 months no BM occurred.
- Most common acute adverse events grade ≥3: anemia, febrile neutropenia and fatigue



congress

Le Pechoux Discussant: Vees et al Early PCI with hippocampal avoidance in LD SCLC





PCI Neurotoxicity increased with cc CT

(Van Oosterhout et al, 1996- 59 pts with FU >2years)

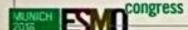
	CT	PCI(30Gy)	CT-PCI	
Nb pts	21	19	11	
Mem, Cion, Dyscalc Tr	4	9	7	
Tr moteurs	2	3	3	
Visual Pr	1			
Total	24%	42%	73%	\leftarrow

Overall No neurological sequelae in 60% of pts,

Asymptomatic abnormalities: 25%

Mild impairment 15%

Radiological abnormalities related to ttt (Gp 3), nb cycles CT, dose >3Gy
No diff between gps for neurocognitive sequelae (Sign+++/control)







- Las metástasis cerebrales son más frecuentes en pacientes con mutaciones activadoras (19-42% en basal), 33-41% post TKI de 1º generación, 56-60% post-crizotinib en ALK.
- Afortunadamente se van incorporando fármacos contra estas mutaciones activadoras con mayor penetrancia a sistema nervioso central.
- Se ha realizado una educacional sobre el manejo multidisciplinar en este tipo de pacientes





