A SUCCESS STORY OF PEMBROLIZUMAB IN A WOMAN WITH SMALL CELL CARCINOMA OF THE HYPERCALCEMIC TYPE OF THE OVARY

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Introduction/Background: We present the rare case of a 23 year old woman with small cell carcinoma of the right ovary (SCCOHT). Initial diagnosis was at 20 years of age in September 2019, she presented with severe abdominal pain and a 16cm tumor of the right ovary. Electrolytes, including calcium were normal. First, oophorectomy of the right ovary performed. Following histological diagnosis of SCCOHT and staging via positron emission tomography (PET)-scan was done, en-bloc resection of the uterus and left adnexa, peritoneectomy, omentectomy and bowel resection with anastomosis of colon descendens and rectum was performed via laparotomy. TNM stage was pT3c N1 (3/7) L0 V0.

She received 4 cycles of adjuvant chemotherapy with cisplatin, etoposide and ifosfamid. Unfortunately, computertomography scan and magnetic resonance imaging (MRI) after chemotherapy revealed a new liver metastasis.

High-dosage chemotherapy with cyclophosphamide, followed by carboplatin and etoposide was applied followed by autologous stem cell transplantation. Despite extensive treatment MRI in October 2020 showed new disseminated liver metastases. PDL-1 testing showed a CPS (combined positive score) of 2. In November 2020 immunotherapy with pembrolizumab q21d was started. MRI in December 2020 showed remission of hepatic metastases under therapy with pembrolizumab [see image 5]. Additionally, brachytherapy of 20Gy with Iridium-192 in afterloading technique of hepatic segments IVa/VIII and VIII was done. Alternating PET-scan and MRI every 3 months showed no tumor recurrence.

To date, in April 2023, therapy with pembrolizumab is being continued without any sign of recurrence.

Methodology: Case report

Results: Our patient, a 23 year old woman with SCCOHT and hepatic metastases, is currently 29 months under treatment with pembrolizumab.

Conclusion: This is the longest survival under pembrolizumab reported in the literature so far.

Disclosures: None

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