



Case Report

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## More than 2,5 Years Survival of a 67 Year Old Patient with an Urothelial Cancer, an Ovarian Cancer and Lung Metastases

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### Abstract

*A patient was diagnosed with urothelial cancer in 2011. She had a cystectomy followed by adjuvant chemotherapy with Gemcitabine/Cisplatin. In 2013 she was diagnosed with ovarian cancer, had surgery and had adjuvant chemotherapy with Paclitaxel/Carboplatin. The next year she had a lobectomy for her lung tumor, the pathology was a metastasis from her TCC, PDL-1 neg, EGFR wT, ALK neg. She developed more lung metastases in the next months, so we started chemotherapy with Pemetrexed/cisplatin and she had a good response to this treatment and she received maintenance treatment with pemetrexed until she progressed. Our next line of treatment was 3 courses of Pembrolizumab. She showed no response. She developed a choroidal metastasis in her right eye. Therefore, we started palliative treatment with Iscador, a total extract of Viscum album (the European mistletoe) and interestingly, she responded well to this treatment.*

In 2011, a 57 years old patient was diagnosed with stage II cancer in her bladder. The pathology was transitional cell carcinoma, and she received 6 courses of standard adjuvant chemotherapy with gemcitabine and cisplatin. In 2013, this patient had a tumor in her ovary with the pathology of mucinous adenocarcinoma and had a transabdominal hysterectomy and bilateral oophorectomy. This time, she received 6 courses of standard adjuvant chemotherapy with paclitaxel and carboplatin.

In 2017, she developed dyspnea and a tumor was evident in her right lung in her chest X-ray. A biopsy revealed adenocarcinoma. As the tumor was solitary, a lobectomy was performed.

After a few months, she developed further metastases in her lung and further immune-histochemical investigations were performed and it was shown that the metastases were mucinous adenocarcinoma (origin bladder cancer). Further genetic tests were performed. EGFR showed no mutations, there were no ALK or ROS1 rearrangements and PDL-1 was <1%.

As she had had standard chemotherapy regimens as adjuvant treatment for both of her cancers, we decided to treat her with another regimen. We found a phase II trial, which was published in 2006 and used pemetrexed and had achieved a 27% response rate in pretreated metastatic TCC patients (1). We added carboplatin to pemetrexed. We regard the start of this treatment as day 1 of our second-line treatment. The patient received 4 courses of pemetrexed 500 mg/m<sup>2</sup> and cisplatin 70 mg/m<sup>2</sup> during which she improved clinically. In her CT scan after 4 courses, she almost showed complete remission. She received further 2 courses followed by 8 courses of maintenance pemetrexed. She showed progression of her pulmonary metastases in a CT scan performed 10 months after day 1 of her second-line treatment. We, therefore, treated her with 5 courses of gemcitabine and docetaxel. She progressed under that treatment as well, then received 2 courses of vinorelbine and cisplatin, had massive pain and progressed further. Our next drug was pembrolizumab and she progressed further. She developed a choroidal metastasis in her right eye. After 18 months of chemotherapy and immunotherapy, we stopped our active treatment and started treating the patient with Iscador, a total extract of *Viscum album* (the European mistletoe). After 4 months of Iscador, the patient has improved clinically and in her chest X-ray and her Laser tomography of her right eye, we see a good response.

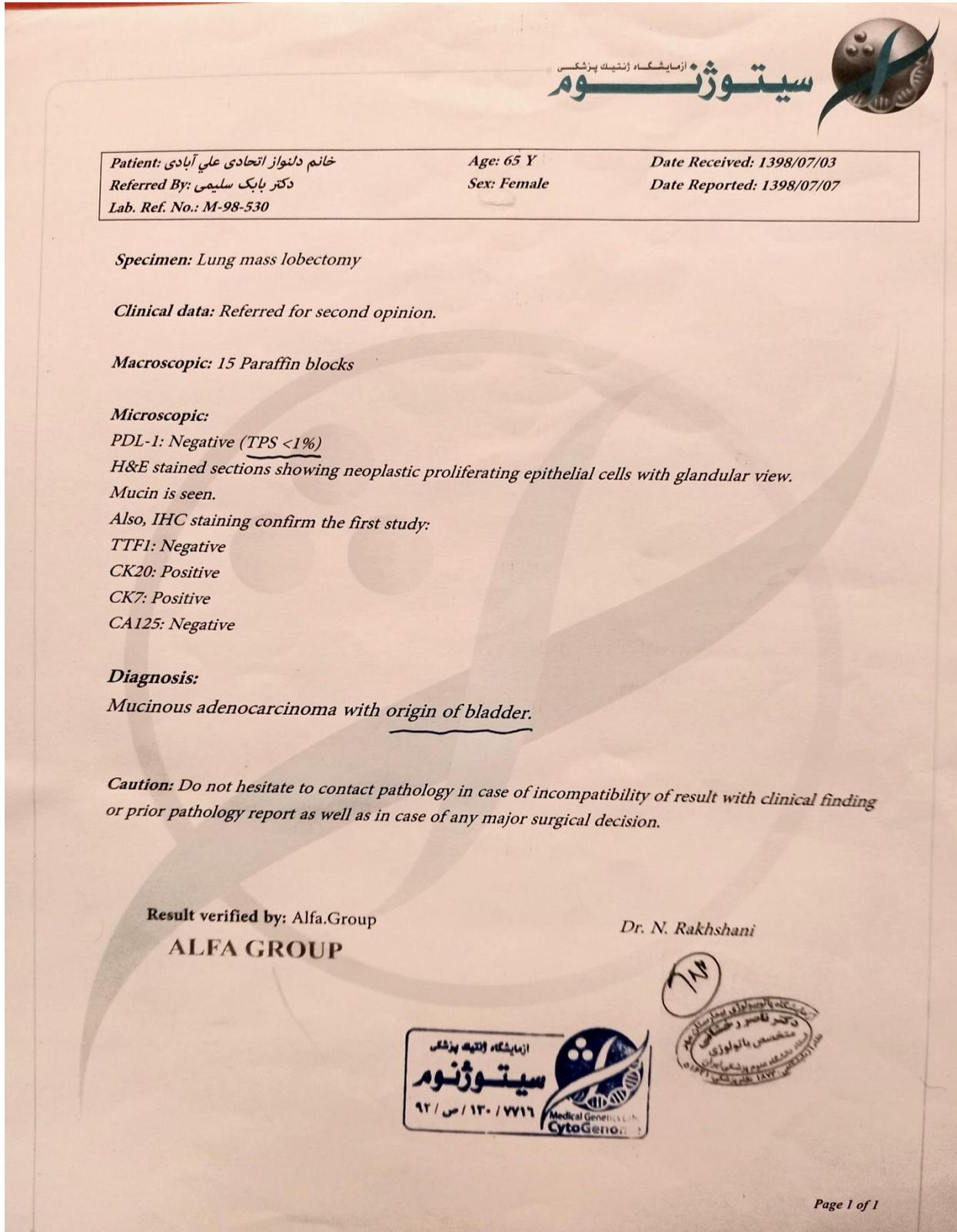


Fig. 1: Pathology of lung metastasis 2017



Fig.2. Chest X ray before start of Iscador



Fig. 3 Chest Xray after 4 months of Iscador

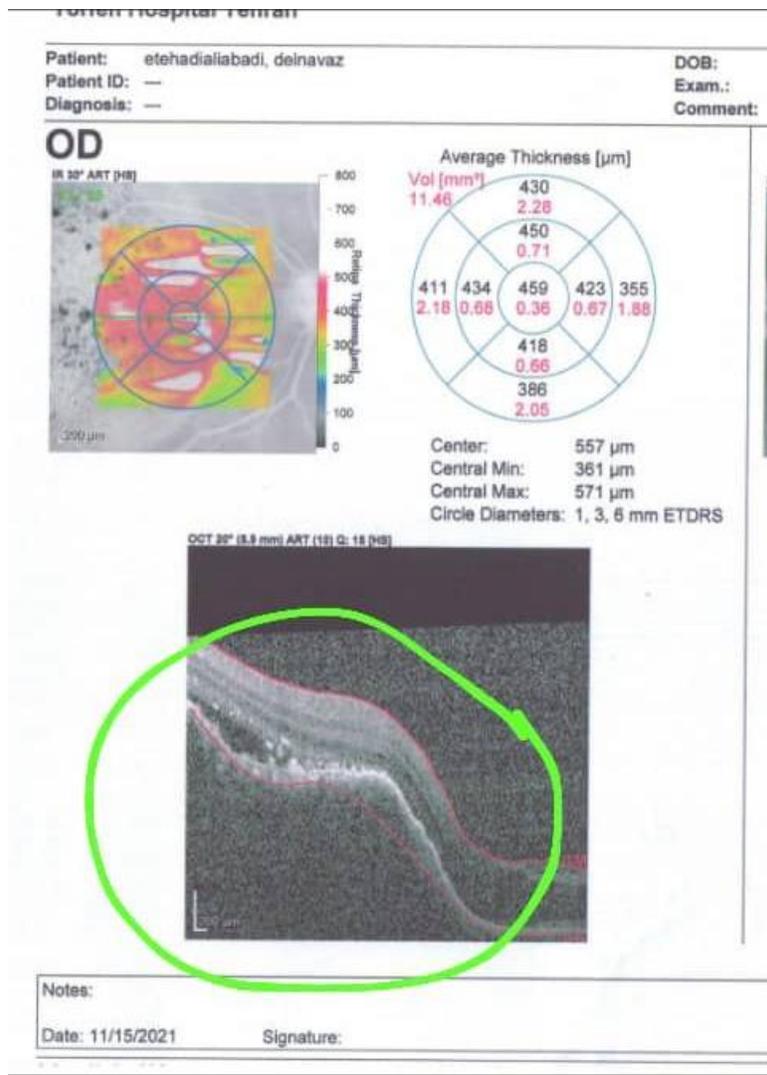


Fig. 4 Right eye tomogram before Iscador (average thickness 430 micrometer)

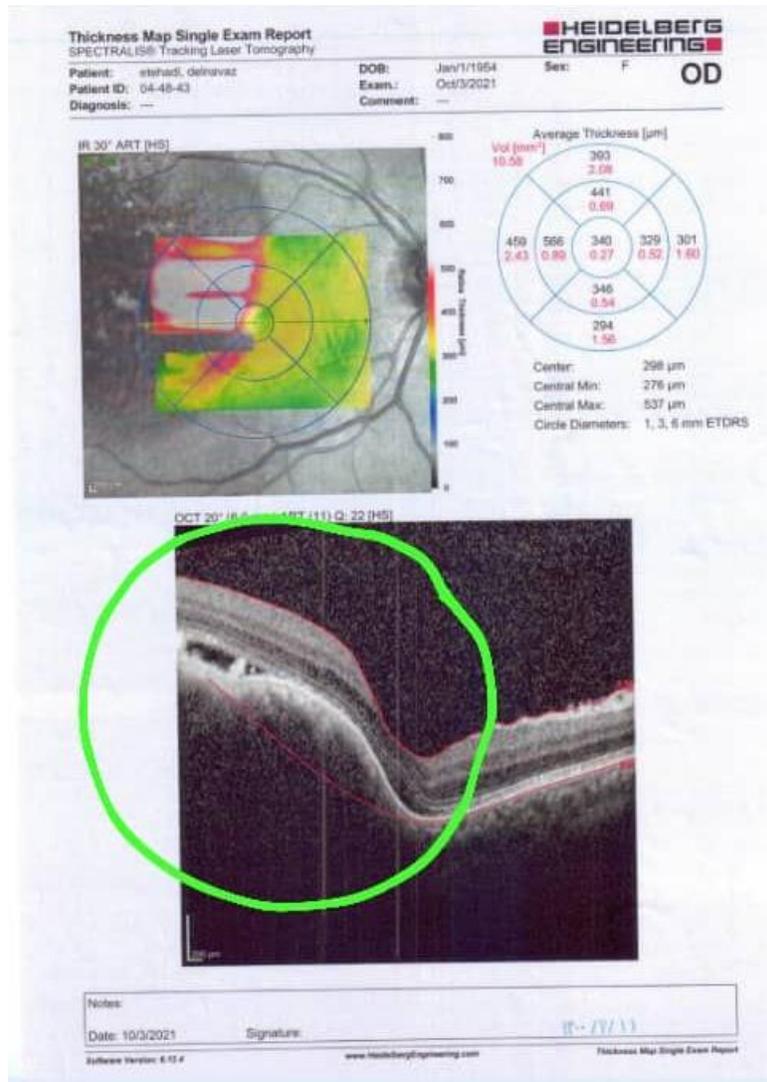


Fig. 5. Right eye tomogram before Iscador (average thickness 393 micrometer)

## References

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