

Case Study

Angiosarcoma



Angiosarcoma

Case presentation

In February 2014, a 24 year old female was diagnosed with bilateral metastatic multicentric angiosarcoma featuring complex mass lesions in both breasts, and large right ovarian mass.

Angiosarcomas have very poor prognosis with about 50% death rate in 15 months in rare cases. If lesions are more than 5 cm, the survival is near zero. in rare cases. There are no established treatment guidelines for angiosarcoma.

Case history/previous treatment

A Cyto-reductive surgery of both breast, axila, and right ovary was performed. The patient was put on four courses of IPHOSPHAMIDE/ DOXORUBICIN in March 2014. In September 2014, residual viable disease was present.

In February 2015, a 3.7 x 2.8 x 3.8cm mass in the left breast with satellite nodules, and a metastatic mass was observed on the right side of the pelvis.

Genomic testing

At this point, due to poor prognosis, the physician opted for genomic testing. The profiling results identified a PIK3CA p.Gly106Arg mutation. PIK3CA mutation indicate response to everolimus, temsirolimus, and bevacizumab.

Personalized medicine with targeted therapy

The patient was started on everolimus 10 mg/day.

Results

In May 2015, ultrasound images showed:

- No evidence of any solid or cystic mass lesions or focal lesions in either breast
- Both axillae appear normal
- Only simple ovarian cyst in the left ovary

Conclusion

Genomic testing should be considered for cases with poor prognosis and no available treatment options. Patients can benefit from targeted therapy options if actionable genomic mutations are identified.

Physician comments

"When you hit a disease with bleak prognosis with no available treatment or have exhausted all the options, genetic testing for druggable mutations should be explored."
