

## 11th WORLD HEMATOLOGY AND ONCOLOGY CONGRESS

8

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# Anlotinib is effective in the treatment of advanced carcinoma ex pleomorphic adenoma of the submandibular gland

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**Background**: Carcinoma ex pleomorphic adenoma (CXPA), a very rare malignancy found mostly in the major salivary glands, has no established standardized treatment.

Case presentation: This report describes a 67-year-old male with advanced CXPA who was effectively treated by anlotinib. Pleomorphic adenoma of the submandibular gland was first diagnosed in 1976 after a surgical resection of a mass underneath the jaw. The patient underwent re-excision 3 years later due to a recurrent pleomorphic adenoma. CXPA was first diagnosed in 2016 after a surgical removal of the left submandibular mass. A lung nodule was found on a chest CT scan in January 2018. Following a CT-guided lung biopsy that demonstrated findings consistent with pulmonary metastasis, the patient underwent local therapy (microwave ablation and radioactive seed implantation) but suffered a recurrence of disease approximately 6 months later. Anlotinib was administered orally at a dose of 12 mg daily on a 2 weeks on/1 week off schedule. A tumor assessment was performed every 2 cycles. A partial response was observed after two cycles of treatment. The disease remains in continued partial response after completion of his 10th cycle.

**Conclusion**: This is the first report for an otinib in treating CXPA. Further pre-clinical and clinical studies are needed to validate the efficacy and safety of an otinib in the treatment of CXPA.

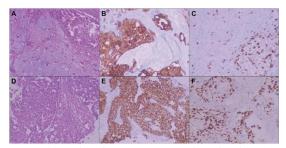


Figure 1 (A) Histology of primary carcinoma ex pleomorphic adenoma; (B) Immunohistochemistry showed that tumor cells were positive for CK8/18. (C) Immunohistochemistry showed that Ki 67 was 30–40%. (D) Histology of pulmonary metastasis. (E) Immunohistochemistry showed that tumor cells were positive for CK8/18. (F) Immunohistochemistry showed that Ki 67 was about 70%. (A-F) Original magnification, ×100,(A-C: primary carcinoma ex pleomorphic adenoma of the submandibular gland, D-F; pulmonary metastasis, A and D: hematoxylin-eosin).

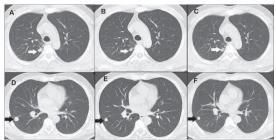


Figure 2 Chest CT scans before and after anlotinib treatment. (A and D): Before anlotinib treatment, two measurable tumor lesions were shown. (B and E) After two cycles of anlotinib treatment, a Partial response was observed. (C and F) After six cycles of anlotinib treatment, a continued partial response was observed. The white and black arrowheads aim at two measurable tumor lesions, respectively. Response assessment was based on RECIST guideline version 1.1

#### **Biography**

Dengjun Sun is a professional oncologist and has his expertise in the diagnosis and treatment of malignant tumors. He owns normative treatment philosophy and has rich clinical experience in the interventional and targeted therapy of liver cancer, lung cancer, breast cancer and other solid tumors. He is one of the members of the World Society of Interventional Oncology (SIO) and an important member of Interventional and Minimally Invasive therapy Committee of Chinese Medical Education Association. With extensive research and rich clinical experience in cancer therapy, he has helped many advanced cancer patients in China.

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