The Clatterbridge Cancer Centre NHS
NHS Foundation Trust

# Perspectives on the CUP MDT

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CUP 2015, Royal College of Physicians
24th September 2015

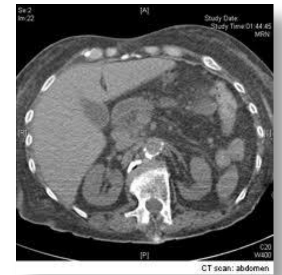
# MDT Perspectives

- Things to think about……
  - The “CUP” MDT
  - The Patient Pathway
- Three cases
- Panel discussion

# What is needed?

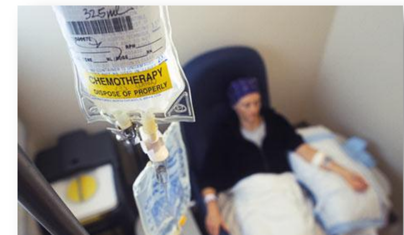
- Early assessment by a specialist CUP team

- Cross-sectional imaging



- +/- Histological diagnosis

- Rapid conclusion of investigations terminating in a decision on best supportive care or definitive therapy



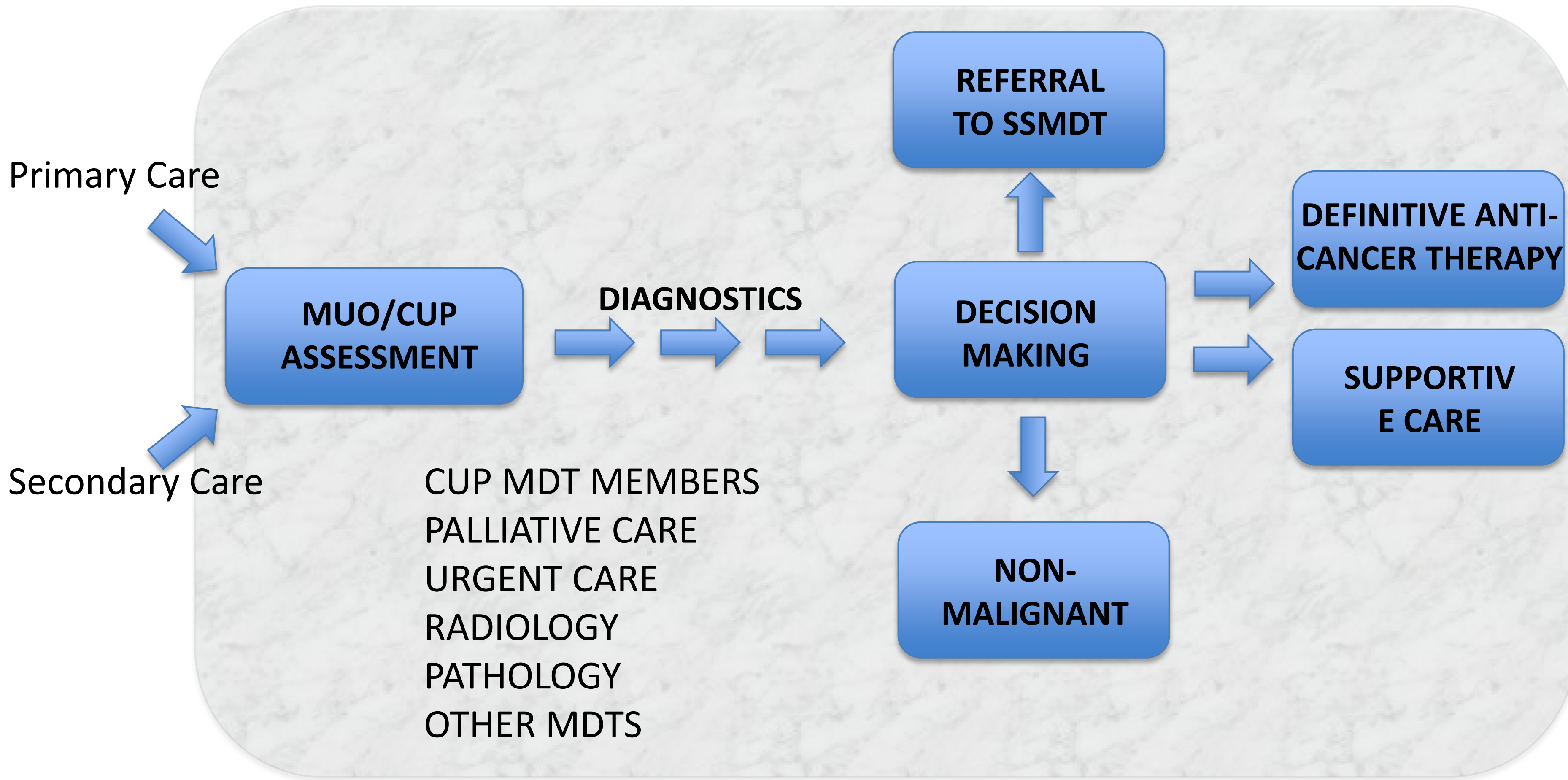
# What Isn't Needed

- Excessive 'hunt the primary' investigations

- Protracted uncertainty

- Protracted inpatient stay

# Patient Pathway



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# Case Presentation – Who Owns the Unknown?

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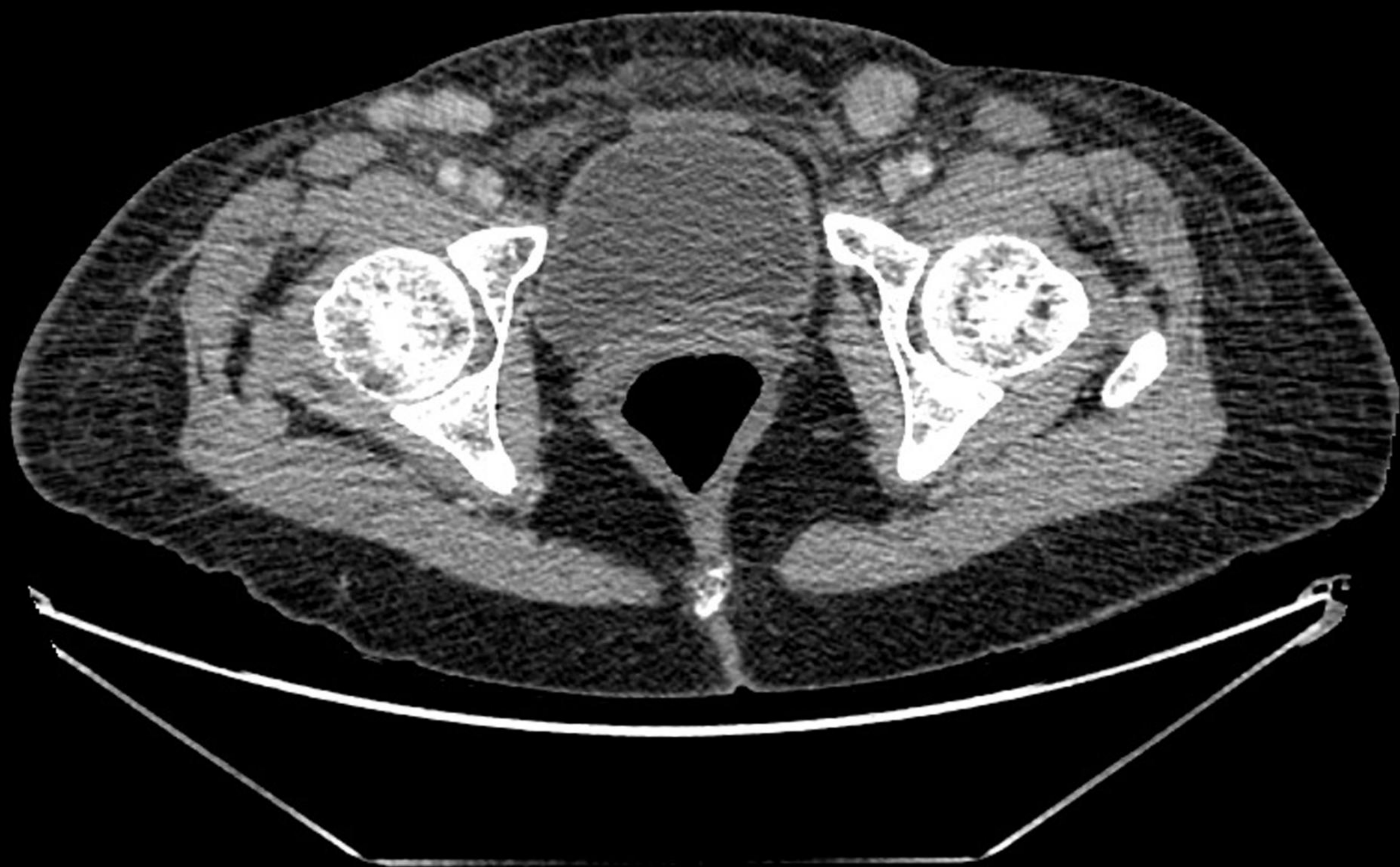
# An unusual presentation

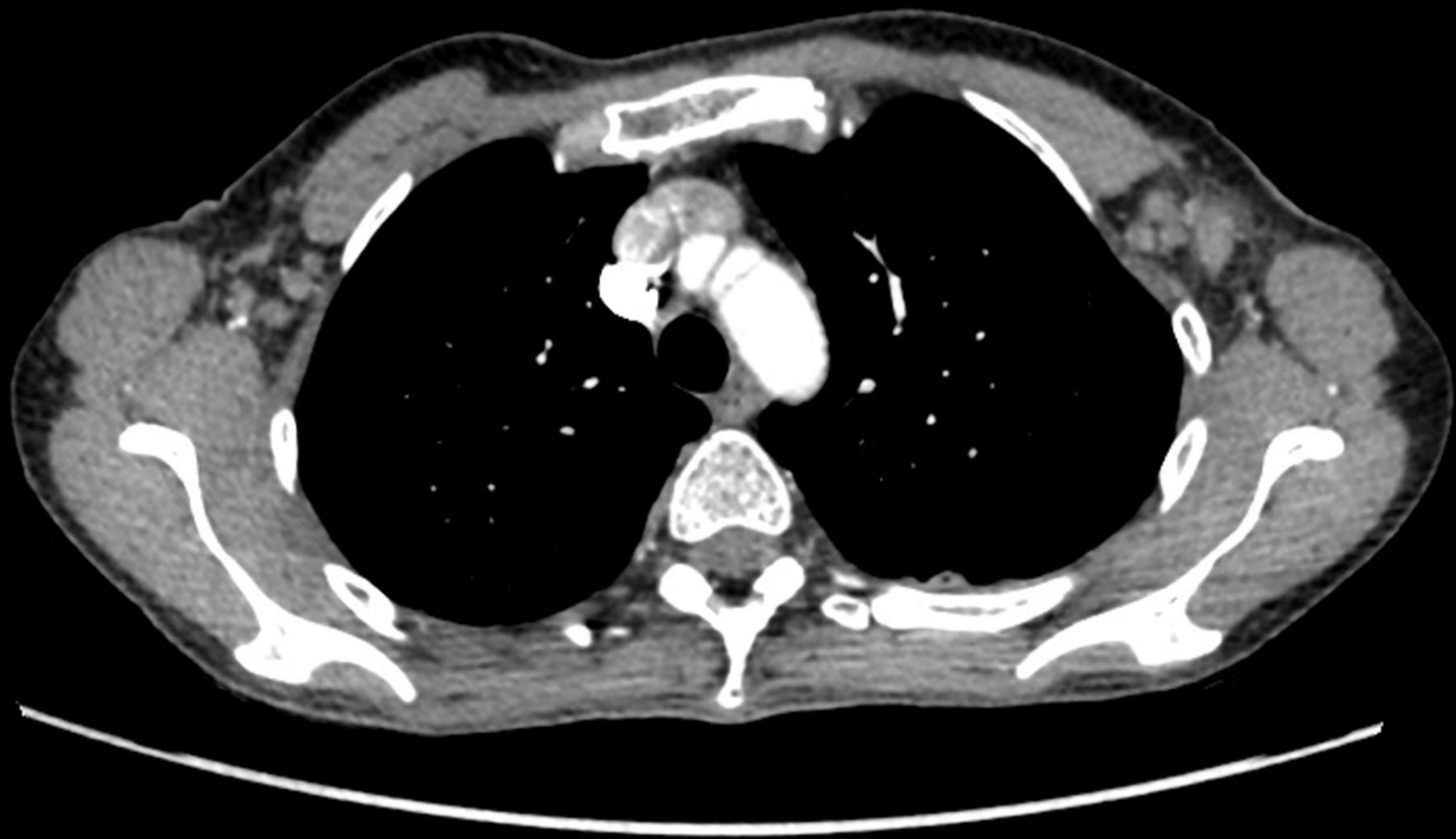
- 45 year old female
- March 2014 increasing dyspnoea on exertion
- Investigated – primary pulmonary hypertension diagnosed September 2014
- Noticed left leg swollen during investigations and enlarged inguinal lymph node
- Referred for pulmonary endarterectomy

- December 2014 – CT shows low volume lymphadenopathy in inguinal and para-aortic regions. No clots seen
- Working diagnosis of recurrent pulmonary thromboemboli causing pulmonary hypertension
- Referred to haematology

- January 2015 – seen by haematology, suspected low grade lymphoma
- Referred for lymph node biopsy
- February 2015 – inguinal node excision confirms metastatic adenocarcinoma
- Immunohistochemistry
  - A/E1+ CK7+ CK20- TTF1- CDX2- CA125+ WT1- S100-
- Serum Ca125 =13000

- Seen by CUP team
- Repeat CT shows gradual enlargement of inguinal and para-aortic lymphadenopathy. Probably affected axillary nodes too
- Discussed at CUP MDT
  - "provisional CUP"
  - MRI pelvis
  - Treat as for female genital tract malignancy





- MRI pelvis – minimally enlarged pelvic nodes and inguinal nodes as previously noted
- Discussed with gynaecological oncology team
  - “This is a CUP – not our responsibility”
  - “Give carboplatin and paclitaxel, get back to us if any problems”

- Reacted to first dose of paclitaxel, given single agent carboplatin
- Achieved a PR after 3 cycles but then CA125 rising and encountering haematological toxicity
- Needed ureteric stent for distal extrinsic compression

- Discussed again
  - gynae oncologists “give single agent gemcitabine”
  - CUP MDT “try abraxane”
  - Pharmacy “abraxane not indicated and not funded”
- Given 3 cycles gemcitabine with stable disease

- CA125 rising
- Now having abraxane

# Issues

- Atypical presentation in a young woman – finding of adenocarcinoma was a complete surprise to all concerned
- Ownership of the problem
  - Head & neck nodal CUPs go to H&N MDT
  - Axillary nodal CUPs go to breast MDT
  - What level of confidence do we need to have to send a patient to the site-specific MDT