

# Clinical Presentation and Imaging Characteristics of Leptomeningeal Carcinomatosis (LC) in Patients with EGFR Mutated Non-Small Cell Lung Cancer (NSCLC)

## INTRODUCTION

- LC is a late and often fatal manifestation of NSCLC
- LC is more common in patients with EGFR mutated NSCLC (9%)
- Patients with EGFR+ NSCLC and LC may have unique imaging and clinical characteristic

## METHODS

- 23 adult patients with EGFR-mutated NSCLC and LC treated at the University of Washington between 2016 and 2019 were identified and retrospectively reviewed
- Clinical characteristics and treatment modality were obtained from the EMR
- Radiographic subtype of LC and presence of ventriculomegaly were determined by independent review of brain and spine MRI imaging
- Overall survival (OS) was defined as the time from LC diagnosis to death from any cause
- Descriptive statistics were performed using Stata

## RESULTS

- Mean age 57 years, 95% with advance NSCLC at diagnosis (Table 1)
- Cranial neuropathy was the most common presenting symptom for LC (Figure 3)
- Median time from NSCLC diagnosis to LC development was 23 months (95% CI:13-33)
- Median overall survival (OS) from time of LC diagnosis was 3.9 months (95% CI:2.7-10.0)
- 17% of patients presented with LC in the absence of parenchymal brain metastases
- 22% of patients had nodular or linear LC and 39% had a mixed presentation, 30% of patients had evidence of spinal LC (Figure 1, 2)
- Ventriculomegaly was present in 52% of patients and 48% developed clinical symptoms of hydrocephalus, 13% receiving shunt placement

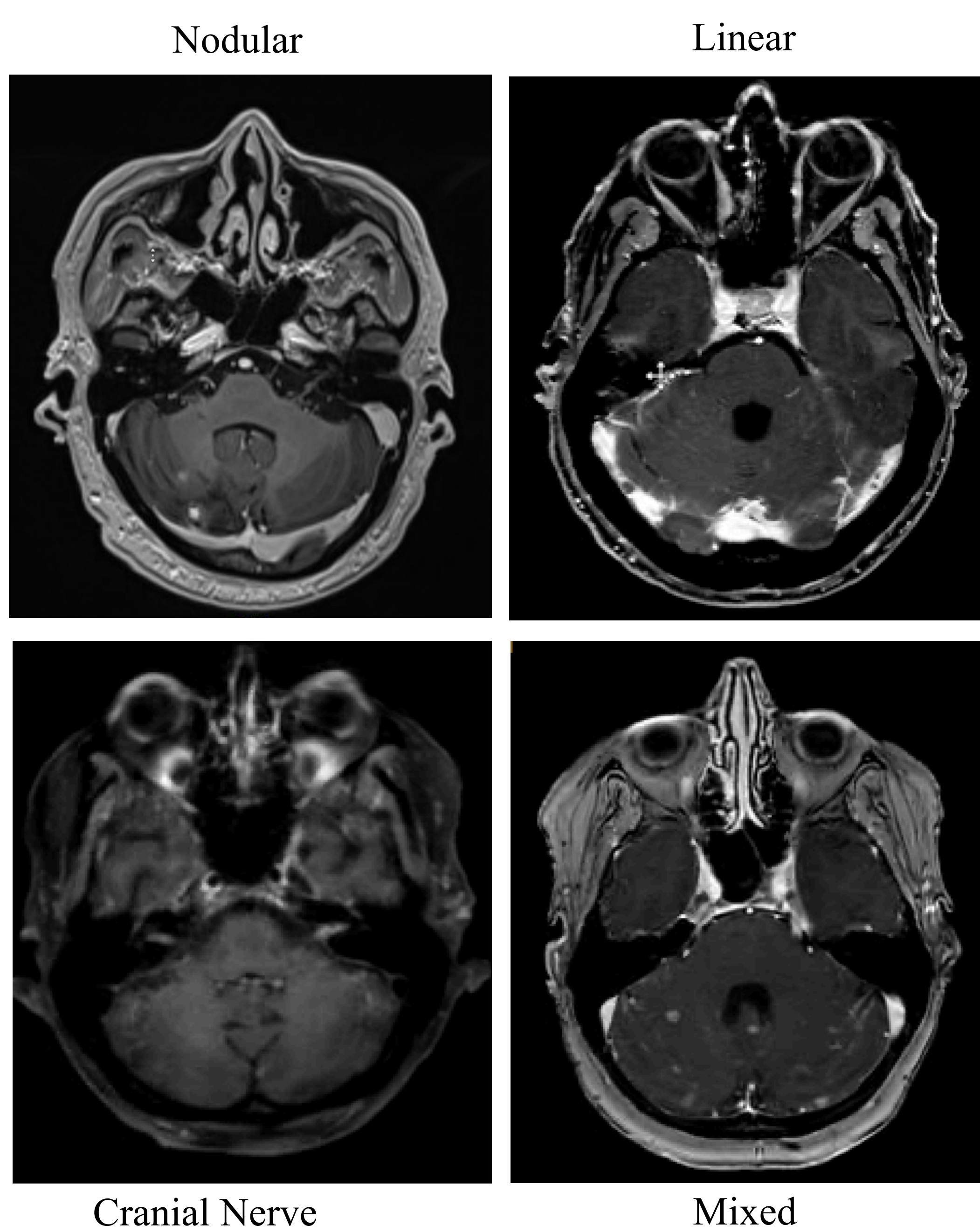
**Table 1. Patient Characteristics**

Patient Characteristics	Population (%)
Mean age at NSCLC diagnosis, years $\pm$ SD	57 $\pm$ 10
<b>Gender</b>	
Men	39
Women	61
<b>NSCLC stage at diagnosis</b>	
I	4
IIIB	9
IV	87
<b>EGFR mutation type</b>	
Exon 19 deletion	61
Exon 21 L858R mutation	39
<b>Systemic metastatic disease development</b>	91
<b>Site of systemic metastatic disease</b>	
Bone	76
Liver	29
Adrenal	10
Pleura	48
Contralateral lung	24
Other	14
<b>Parenchymal CNS metastatic disease development</b>	83
Median time to CNS metastases, months (95% CI)	0.6 (0.3, 4.0)

**Table 2. Treatment Characteristics**

Type of Treatment	Population (%)
<b>Systemic chemotherapy</b>	70
<b>Primary disease directed radiation</b>	13
<b>Intrathecal chemotherapy</b>	13
<b>EGFR TKI therapy</b>	
Any EGFR TKI	96
Any osimertinib dose	91
High dose osimertinib	57
<b>Immunotherapy (%)</b>	35
<b>Shunt placement for hydrocephalus (%)</b>	13
<b>CNS radiation (%)</b>	52

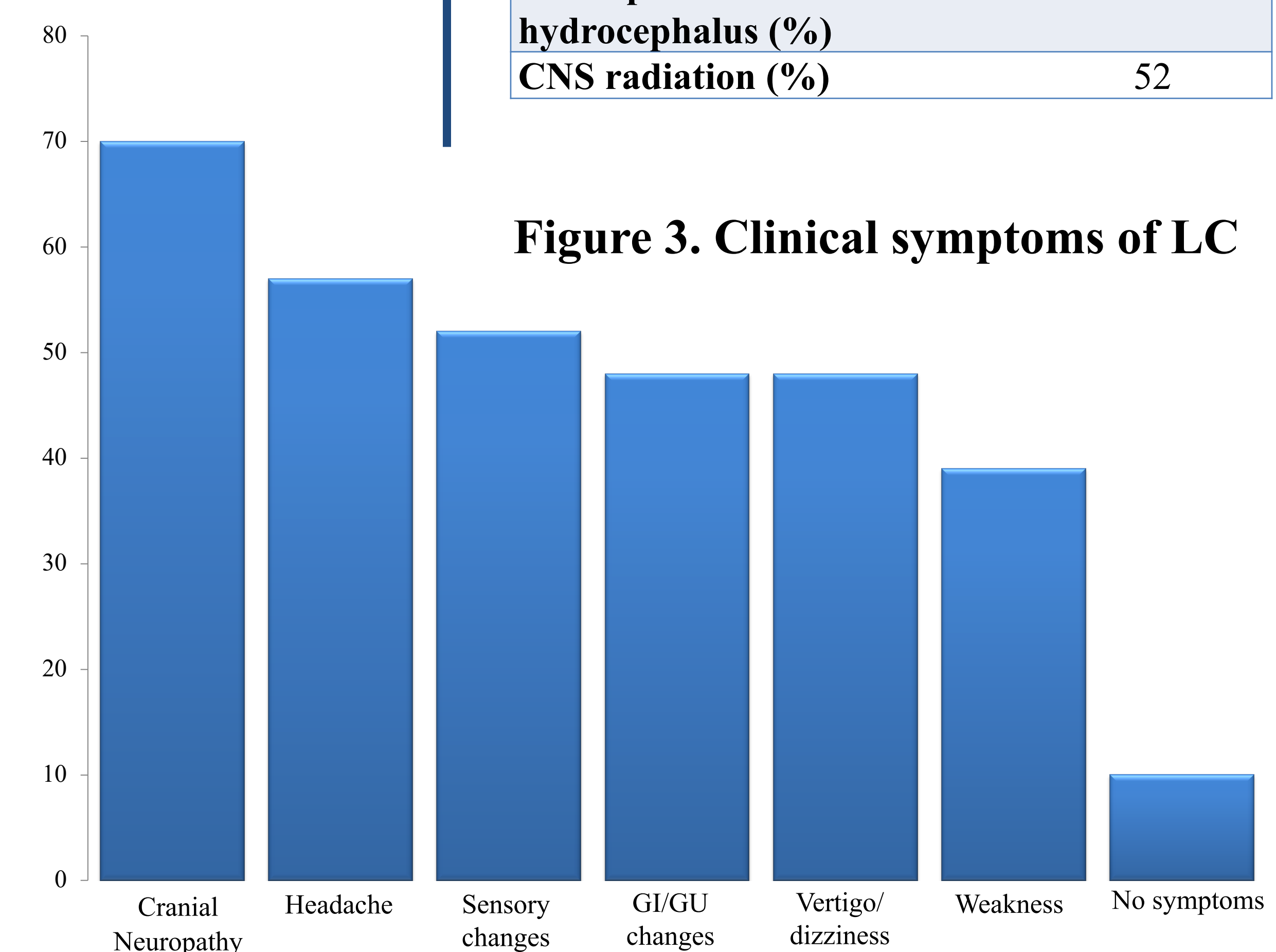
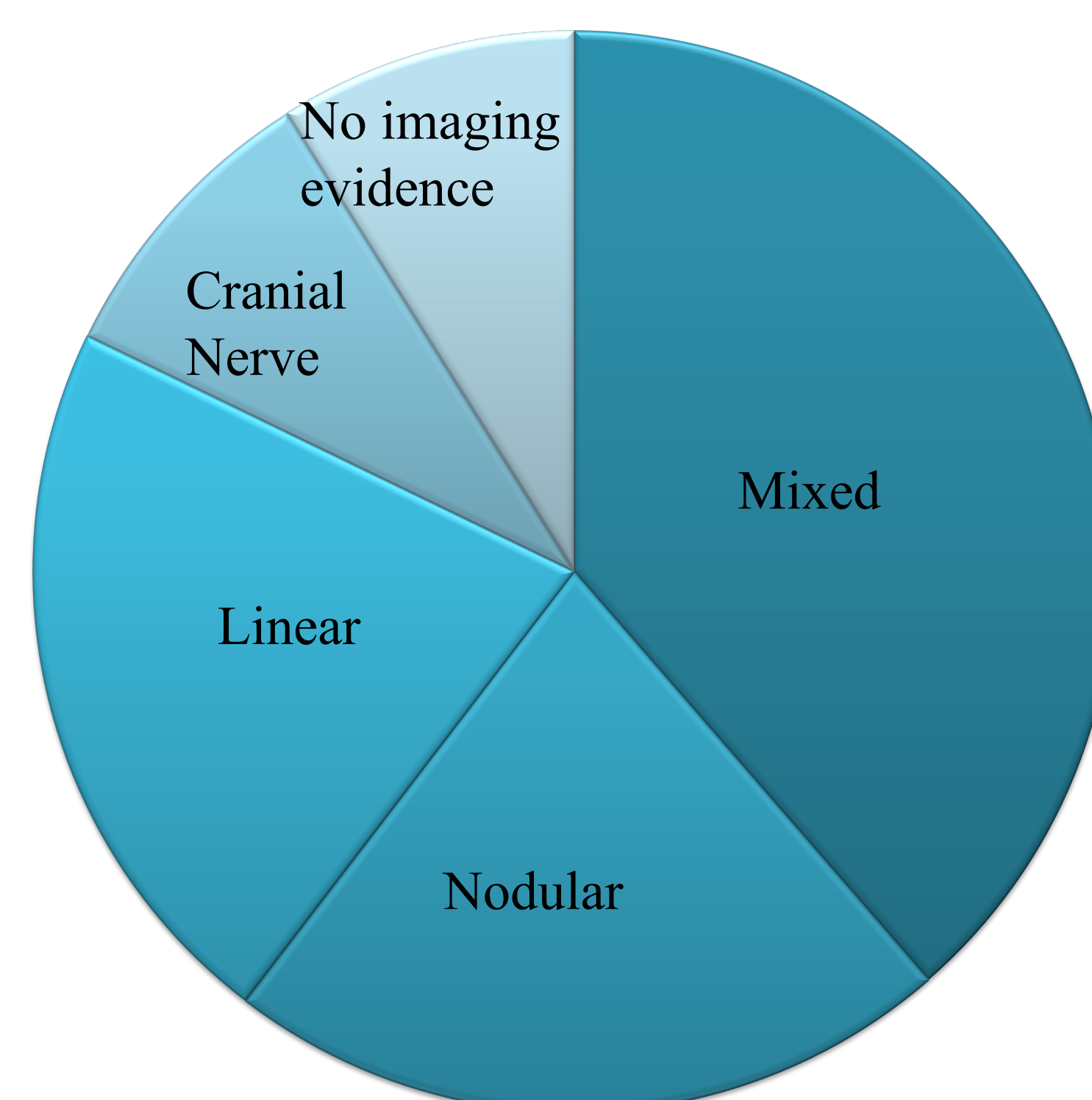
**Figure 1. LC Imaging Presentation Types**



## CONCLUSIONS

- Patients with nodular LC and absence of ventriculomegaly had better OS
- OS remains poor in patients with LC associated with EGFR mutated NSCLC, although appears better in patients with nodular LC.
- The high incidence of hydrocephalus emphasizes the need for its early recognition and treatment.
- Further studies are needed to identify promising treatment strategies

**Figure 2. Frequency of Different Imaging Presentation of LC**



**Figure 3. Clinical symptoms of LC**