


CR63 Pneumonitis as a side effect of breast cancer treatment: T-DXd and/or SBRT?

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KEYWORDS: breast cancer; metastasis; pneumonitis; trastuzumab deruxtecan

INTRODUCTION/OBJECTIVES: Breast cancer that overexpresses the human epidermal growth factor receptor 2 (HER2) is considered to be HER2-positive. The novel HER2-directed antibody drug conjugate, trastuzumab deruxtecan (T-DXd), is formed by covalently joining the monoclonal antibody trastuzumab with the topoisomerase I inhibitor deruxtecan. It exhibits significant anti-tumor activity in previously overtreated patients.

CASE PRESENTATION: In January 2023, a 59-year-old woman with a history of HER2-positive metastatic breast cancer presented to the emergency room (ER) with shallow, fast breathing, dry cough, chest tightness, and intolerance to physical activity that had persisted for two days prior to admission. Additionally, she had a fever of up to 38.5 °C a week before, which was managed with acetaminophen. In 2016, she was diagnosed with early breast cancer and underwent a left mastectomy, adjuvant chemotherapy and anti-HER2 monoclonal antibody trastuzumab. Unfortunately, the patient developed lung metastases in 2017. Since then, she was treated with multiple lines of therapy for HER2 positive metastatic disease and stereotactic body radiation therapy (SBRT) for progressing lung mets. In August 2022, T-DXd therapy began. In January 2023, the day before admission to the ER, a CT scan revealed fresh lung consolidation with pneumonitis as a diagnosis. Prednisone, antitussive, and azithromycin were given. The patient was discharged, and symptoms resolved in a few days.

CONCLUSION: Interstitial lung disease/pneumonitis is a serious, and potentially life-threatening adverse event that is associated with T-DXd. Also, the use of SBRT to treat the lung metastases may have potentially exacerbated or perhaps completely caused the pneumonitis.


CR64 Posaconazole-induced Glucocorticoid Deficiency in a Patient with Myelodysplastic syndrome.

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KEYWORDS: endocrinology; glucocorticoid deficiency; posaconazole

INTRODUCTION/OBJECTIVES: Primary adrenal insufficiency (Addison's disease) is a condition that is characterized by a lack of adrenal hormones - cortisol and aldosterone. The most common symptoms are fatigue and lack of energy, weakness, loss of appetite, and increased thirst. Additionally, darkening of the skin can occur. In most cases, Addison's disease has an autoimmune etiology, but in some cases, it can be caused by infections, adrenal hemorrhage, and medications that disrupt the steroidogenesis pathway.

CASE PRESENTATION: A 35-year-old female hematologic patient was admitted to an Endocrinology Outpatient Clinic due to fatigue, low levels of cortisol (52 nmol/L), and high levels of ACTH (34.1 pmol/L). In 2017 a patient was diagnosed with myelodysplastic syndrome with excess blasts, and in 2018 she received allogeneic hematopoietic stem cell transplantation with minor ABO incompatibility. Since then, she has taken antibiotics and antifungal prophylaxis, including posaconazole. Diagnosis of primary glucocorticoid insufficiency was made, most likely due to the intake of posaconazole. Normal potassium and sodium levels with normal aldosterone and renin levels and normal blood pressure suggested intact mineralocorticoid adrenal function. Substitution therapy with hydrocortisone was initiated, and subsequent check-ups showed normal findings with improved symptoms.

CONCLUSION: Posaconazole is an azole medication that is used in the treatment and prophylaxis of many fungal infections. However, some studies show that antifungals such as ketoconazole and posaconazole disrupt the steroid biosynthesis pathway and possibly can lead to adrenal disorders. The presented case shows a correlation between posaconazole usage and glucocorticoid deficiency, emphasizing the need to carefully monitor patients on posaconazole therapy.