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malignancy, but a granulomatous reaction. A PET-CT scan revealed intense but symmetric activity with multiple hilar, mediastinal and upper abdominal lymph nodes in keeping with a sarcoid-like reaction rather than disease progression. His immunotherapy has been permanently discontinued and his symptoms are improving.

Conclusions: This case demonstrates the importance of considering immune-checkpoint related reactions in a situation of apparent radiological disease progression. A biopsy of tissue should be strongly considered to differentiate immune-mediated adverse events from tumour progression, particularly when alternative treatments are being considered.

Disclosure: No significant relationships.

166 Use of sotorasib in KRAS p.G12C mutated NSCLC: a case report

Barot, Hasti¹; Evans, Joanne¹; Mohammed, Waleed¹; Power, Danielle¹

¹Imperial College Healthcare NHS Trust, London, United Kingdom

We present a single case report of the first patient to receive Sotorasib for NSCLC at Imperial College Healthcare NHS trust. Kristen Rat sarcoma viral oncogen homologue (KRAS) is one of the most highly mutated oncogenes in human cancer, occurring in about 30% of lung adenocarcinomas [1]. Whereas KRAS G12C mutation occurs in approximately 13% of lung cancers [1]. In a single group phase 2 trial (CodeBreaK100) of 126 patients where majority of patients had received previous platinum-based chemotherapy and PD-1 or PD-L1 inhibitors, Sotorasib showed an objective response in 37.1% patients (complete or partial response) with a median duration of response for 11.1 months and 80.6% patients achieved disease control [2]. The median progression free survival was 6.8 months with an overall survival of 12.5 months [2]. Sotorasib has now been approved for use in the UK and can be accessed via the Early Access scheme. In this case report, we discuss the details of the clinical course of a 56-year-old female, has been started on Sotorasib as third line therapy for Recurrent Metastatic Non-Small Cell Lung cancer, with KRAS G12C mutation, after having progressed on triplet therapy (Pembrolizumab/Pemetrexed/Carboplatin) and second line docetaxel chemotherapy and describe our real-life experience with the use of Sotorasib.

References:

- [1] Rosen N. Finally, effective inhibitors of mutant KRAS. *N Engl J Med* June 2021.
- [2] Skoulidis F et al. Sotorasib for lung cancers with SKRAS p.G12C Mmutation. *N Engl J Med* June 2021.

Disclosure: No significant relationships.

167 COVID-19 vaccination associated lung mass mimicking a primary lung cancer: a novel manifestation

Ostler, Alexandra¹; Keogh, Georgina¹; Sherwood, William¹; Newsom-Davis, Thomas¹

¹Chelsea and Westminster Hospital, London, United Kingdom

Introduction: Mass COVID-19 vaccination programmes started in December 2020. Potential adverse events continue to be reported. We report a case of a lung mass detected in a patient who had recently received the COVID-19 vaccination.

Methods: A review of case notes alongside a literature review.

Results: A 52-year-old gentleman, current smoker, presented with a dry cough and right sided pleuritic chest pain. He had received the second dose of the AstraZeneca COVID-19 vaccination three weeks earlier. He was afebrile on presentation. Significant blood tests; white cell count $18 \times 10^9/L$ and c-reactive protein 66mg/L. SARS CoV-2 virus RNA was not detected. Chest x-ray showed a

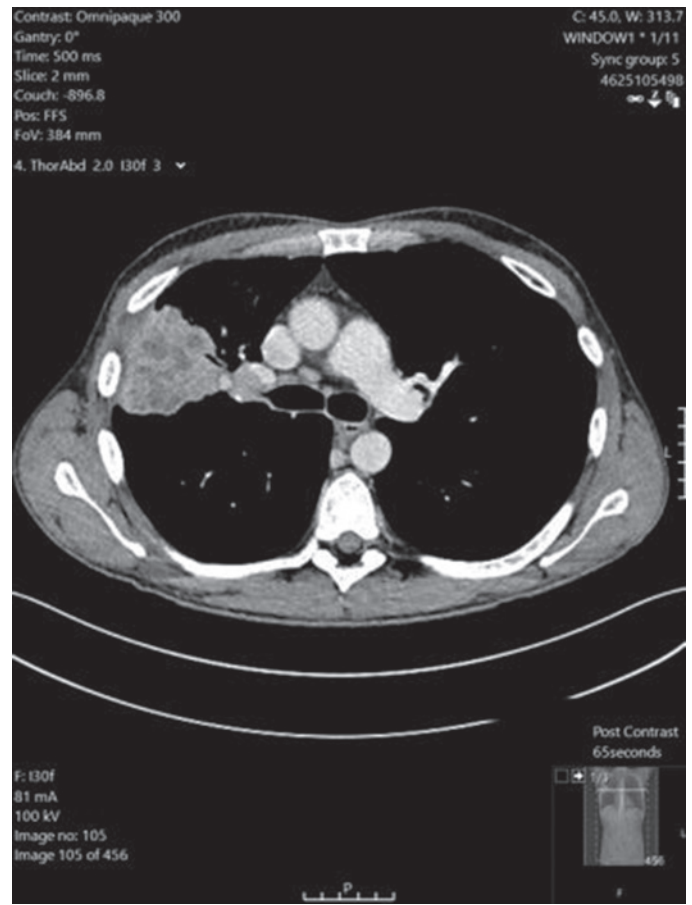


Fig. 1 (abstract 167). CT chest/abdomen/pelvis demonstrating 7-cm heterogenous mass within the right basal upper lobe.

right midzone rounded opacity. CT scan demonstrated a 7cm heterogenous enhancing mass within the right basal upper lobe (Fig. 1) alongside prominent but sub-centimetre nodes within the central mediastinum. No other abnormalities were detected. The patient underwent a CT guided lung biopsy for a suspected primary lung malignancy however, histopathology showed an organising pneumonia with marked histiocytic aggregation. This inflammatory mass appears to be a consequence of the recent vaccination. PET-CT one month later showed that this moderately-avid mass (SUVmax 5.8) had decreased in size to 40mm in maximum dimension.

Conclusion: We present an interesting case of an inflammatory lung mass mimicking a primary lung malignancy after recent COVID-19 vaccination. COVID-19 vaccination associated pulmonary disease, including interstitial lung disease, have been reported [1]; however, to our knowledge this is the first description of an inflammatory lung mass. This case highlights the importance of now including COVID-19 vaccination associated adverse events in the differential diagnosis of a lung mass.

Reference:

- [1] Park JY, Kim J, Lee IJ, et al. COVID-19 vaccine-related interstitial lung disease: a case study. *Thorax*. Published Online First: 6 August 2021. doi: 10.1136/thoraxjnl-2021-217609.

Disclosure: No significant relationships.