

NavDx[®] testing can provide molecular insight to clarify indeterminate clinical findings, helping to guide appropriate intervention and giving patients peace of mind

Presentation

- ▶ 52-year-old male
- ▶ No history of tobacco use
- ▶ 6-week history left-sided neck mass

Diagnosis

- ▶ p16+, HPV+ SCC of base of tongue
- ▶ Baseline NavDx TTMV Score of 352

Optimizing Clinical Care with the NavDx Test

Treatment

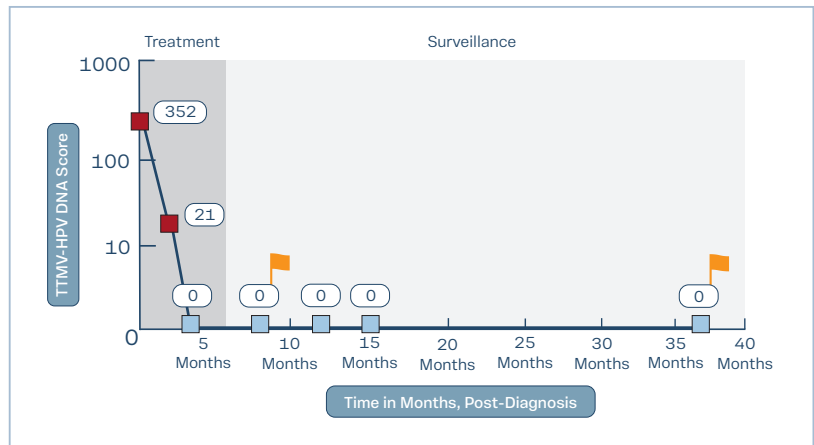
Patient received 3 cycles of chemotherapy. After cycle 2, TTMV Score decreased from pre-treatment score of 352 to 21. Upon completion of chemotherapy, TTMV Score decreased to 0, at which time CRT was initiated.

Surveillance

The first post-treatment PET/CT showed no evidence of disease but noted a new mildly FDG-avid right apical lung nodularity, described as nonspecific but with short-term follow-up recommended. NavDx TTMV Score was 0, supporting the interpretation that there was no recurrent disease.

The patient's three-month follow-up PET/CT showed stable but persistent right apical nodular density with low FDG-avidity, favoring a benign etiology. NavDx score remained 0, reinforcing the absence of molecular evidence of recurrence.

Over 2.5 years of surveillance, NavDx testing remained persistently negative, providing molecular confirmation of remission and supporting a non-malignant interpretation of ambiguous findings in imaging.



“The imaging findings for this patient were a cause of concern for him initially. But over time, with continued negative NavDx results, he was assured that his scans showed no evidence of disease. The test is a great help in clarifying indeterminate findings, both for clinicians and patients.” – Leslie Worona, FNP-BC, OCN



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