

Clinical Case



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PRAGUE

CLINIQUE ET MATERNITE
SAINTE-ELISABETH • NAMUR



European Society for Medical Oncology

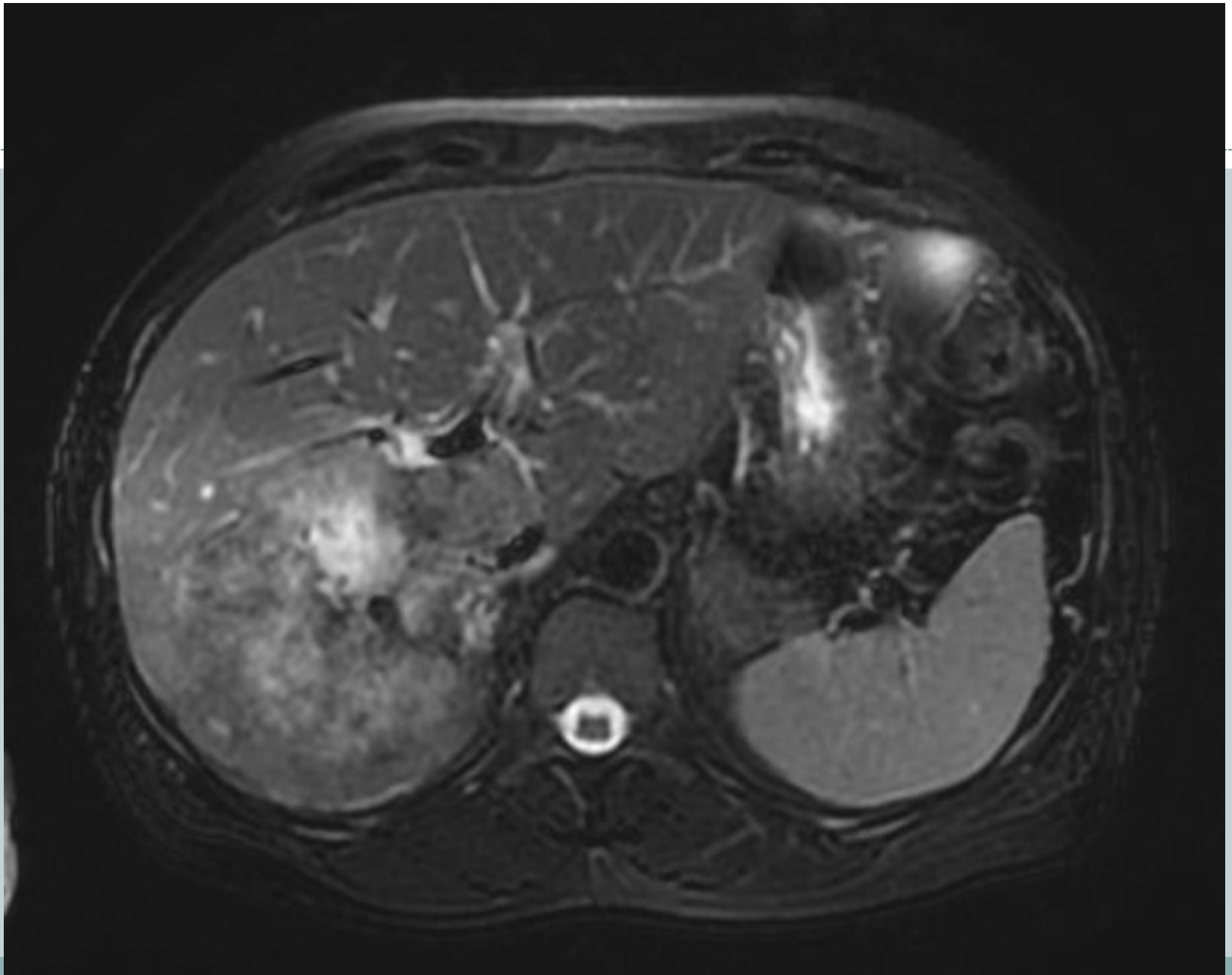
Mr. P.R. 61yr old



- No medical or family history of cancer
- September 2011: ER with asthenia and thoracic pain
- CT scan is performed to exclude a pulmonary embolism: Multiple, liver metastases (mainly right liver and segment I)

Further investigations:

- Colonoscopy: sigmoidal tumour
- Pathology: Adenocarcinoma moderately differentiated. KRAS wt
- CEA: 5334ng/ml (normal range: <3ng/ml)
- Pet scan: no other metastases



First line treatment? **FOLFIRI - AVASTIN**



- December 2011, after 4 cycles:
 - 38mm (S8 in contact with sus-hep vein), 80mm (S6-S7 in contact with Vena Cava and right posterior portal vein, right sus hep vein, infiltrating the liver capsule and probably the surreal vein), 5 satellite nodules btw 5 and 14mm (S6 and 5)
- Staging laparoscopy is performed
- Feb 2012, after 11 cycles: CEA: 214 ng/ml
- 11/3/2012: Right liver embolisation followed by 4 more cycles chemotherapy
- Late March 2012 CEA: 378 ng/ml
- May 2012: progression of the metastases (38 to 45mm) CEA 640ng/ml. Surgery could technically be done but 2nd line treatment was decided.

Second line? **FOLFOX – CETUXIMAB**



- x5 cycles : Good response, CEA: 10ng/ml
- August 2012: right hepatectomy + Right partial surrenalectomy+ caval vein reconstruction. Pathology: 2 mets one of 7cm and one or 3.5 cm. TRG2.
- FOLFOX x 3 + CETUXIMAB until surgery (CEA normal)
- November 2012: Left colectomy (ypT2N1) followed by 2 more cycles of FOLFOX and CETUXIMAB.

Relapse



- December 2013: MRI shows relapse on the liver 23mm (on resection margin), CEA: 14.8 ($N < 3.0$), PET scan: Hypermetabolic lesion on the liver .
- What do you do?
 - He received more FOLFOX-CETUXIMAB x5
 - Sent for next surgery but the metastasis has disappeared and a lesion of 10mm in S3 is observed. Decision to wait and see.

Discussion



- Best first line therapy in KRAS wt patients?
- If operable, should the surgery be performed even though the disease is progressing under first line therapy?
- What choice for second line therapy in KRAS wt ?
- How much post-op chemo should we do?
- Should the relapse be operated the upfront?
- Which chemo should we use when there is a relapse?