ESMO Preceptorship on Colorectal Cancer

22-23 May 2014 Prague, Czech Republic



Metastatic Colorectal Cancer - a case of long-term survival -

Ana Catarina Fernandes Medical Oncology Resident

São João Hospital Centre Porto - Portugal

41 years old, Female Irrelevant Medical History

September 2003	Began symptoms of: Abdominal pain + change in bowel habits (alternating periods of constipation with diarrhea)
Oct/2003	Colonoscopy: Transverse colon Adenocarcinoma (Biopsy)
Oct/2003	CT scan: single liver lesion (65 mm) in segment V. No other alterations.

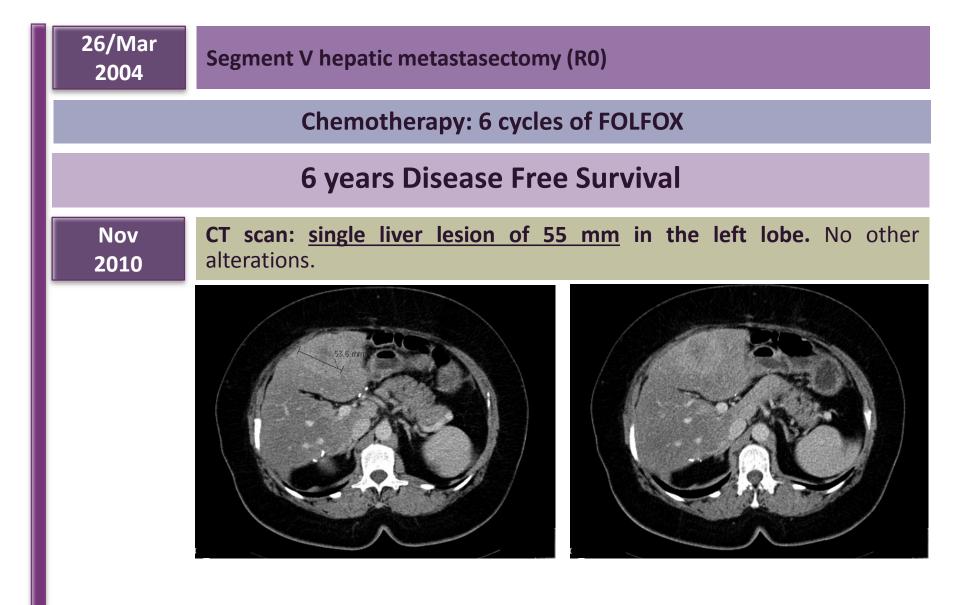
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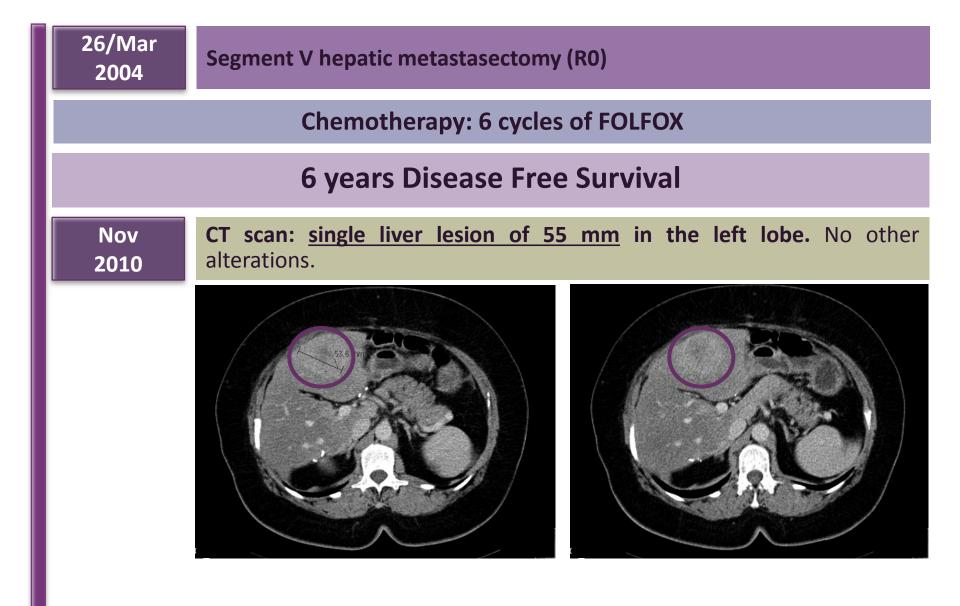
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19/Nov 2003	Segmental colectomy Adenocarcinoma, moderately differentiated Lymphatic and venous invasion 16 non-metastatic lymph nodes pT3N0R0 K-RAS wild type	
Chemotherapy: 6 cycles of FOLFOX		

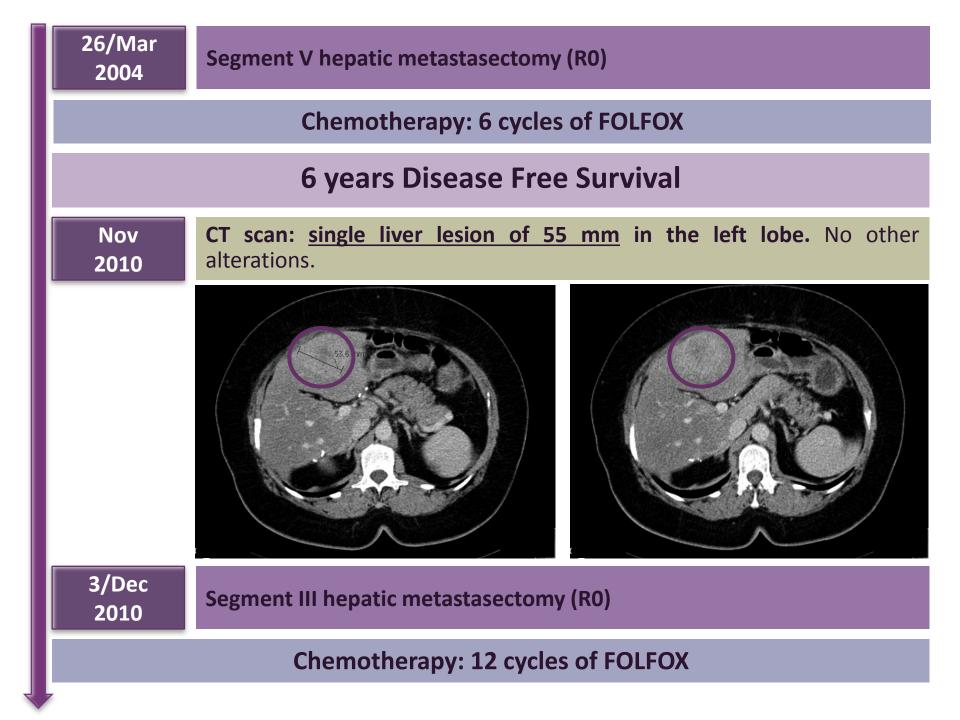


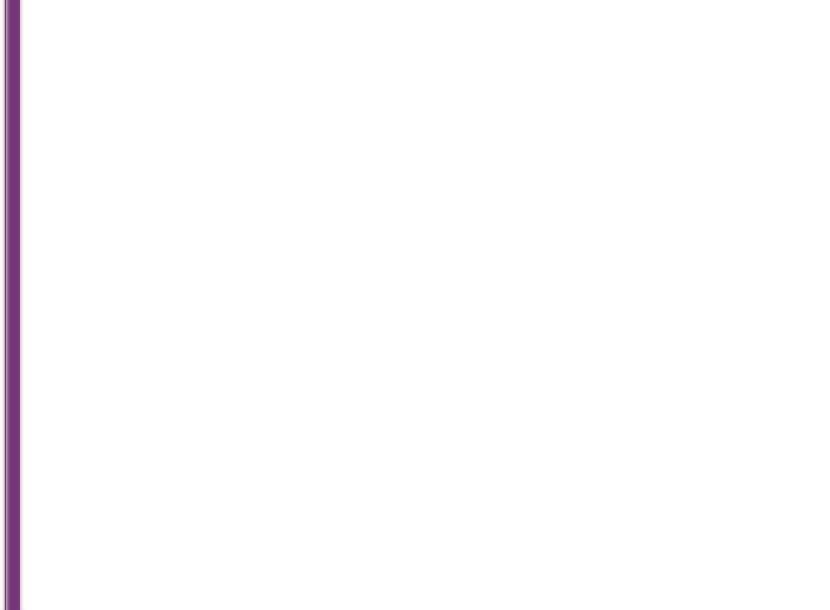
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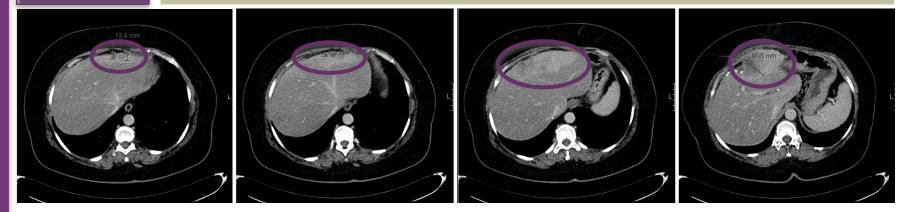






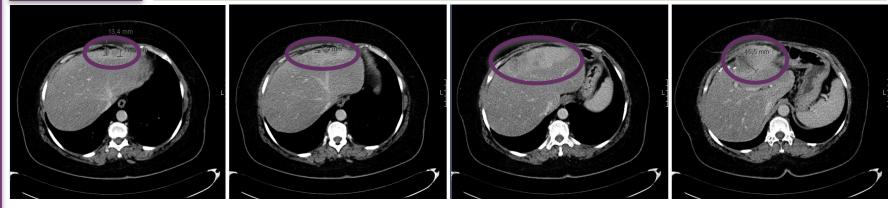
Nov/2012

CT scan: <u>pulmonary lesion in the right upper lobe of 9 mm</u>. > 4 hepatic lesions in the left lobe, segments IV and VII. No other alterations.





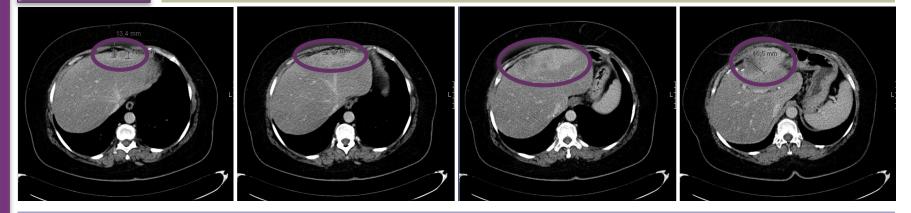
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Jan/2013

CT scan: reduced lung lesion from 9 mm to 6 mm. Only 2 hepatic lesions in the left lobe; disappearance of the remaining hepatic lesions.



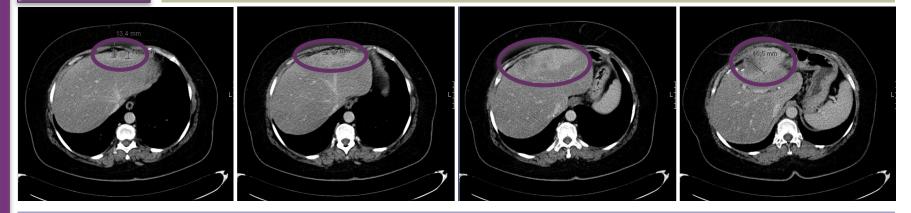






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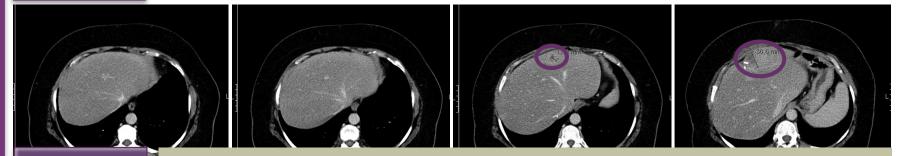
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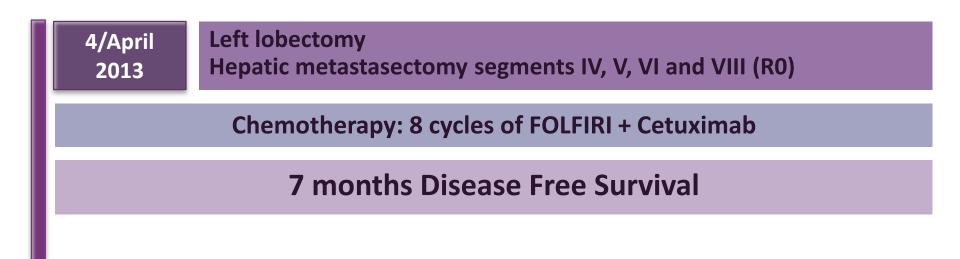
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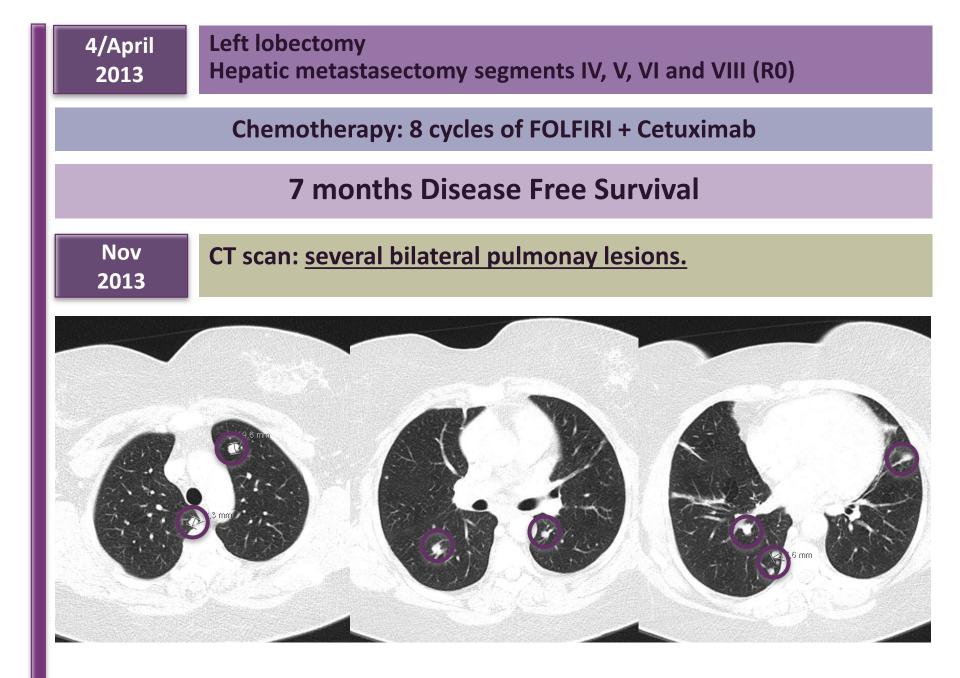
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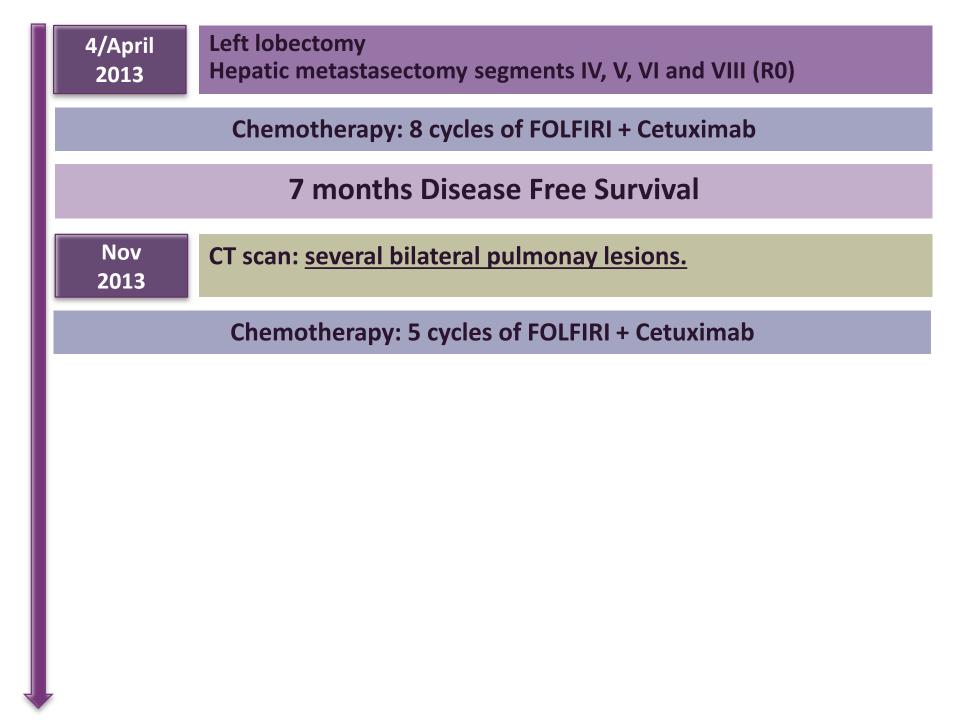


Mar/2013

FDG PET/CT: <u>2 hepatic lesions in the left lobe</u>. <u>No</u> extrahepatic metastases.







4/April 2013	Left lobectomy Hepatic metastasectomy segments IV, V, VI and VIII (R0)		
	Chemotherapy: 8 cycles of FOLFIRI + Cetuximab		
	7 months Disease Free Survival		
Nov 2013	CT scan: several bilateral pulmonay lesions.		
	Chemotherapy: 5 cycles of FOLFIRI + Cetuximab		
March 2014	CT scan: <u>stable</u> pulmonary lesions. <u>New hepatic lesions</u> in the segments VII and V. <u>Metastatic bone lesions</u> in the sternum and D9.		
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	Chemotherapy: FOLFIRI + Bevacizumab		
Today	She <u>keeps</u> chemotherapy treatments with FOLFIRI + Bevacizumab with good tolerance.		
Metastatic colon cancer with 10 years of Overall Survival			
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Discussion...

1. The treatment goal should always be well defined <u>before</u> any plan decision and <u>reassessed</u> during disease evolution.

In KRAS wt patients, with potentially resectable metastatic disease (group 1) first-line treatment should be with EGFR inhibitors plus Chemotherapy, since response rate seems to be higher.

- 3. How many times can we try to "cure" a metastatic colorectal cancer? Who defines the limit?
 - 1. The Medical Oncologist?
 - 2. The Surgeon?
 - 3. The Patient?
 - 4. The Disease...



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