STAGE III COLORECTAL CANCER

CLINICAL CASE PRESENTATION

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DISCLOSURE

Speaker Honoraria:
Amgen
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Clinical case

Demographics and past medical history

- Female 61 years old
- Ex-smoker, 15 packs-year
- No alcohol consumption
- Arterial hypertension
- Chronic obstructive pulmonary disease (COPD)
- Medication prescribed: olmestartan, bronchodilators
- No reported allergies
- No significant family history
Current status

Referral by GP due to fatigue and anaemia (laboratory tests: Hg 8.8 g/dL, Hct 28.6%) and change in bowel habit over the last 3 months

Physical examination:

• Cardiovascular: sinus tachycardia
• Respiratory: normal sounds
• Abdomen: slight tenderness during deep palpation in right upper quadrant, reduced bowel sounds
• Neurologic: no findings
• Skin: no findings
• No pathologic lymph nodes
• Chest X ray: no abnormal findings
• ECG: sinus tachycardia

ECG, electrocardiogram; GP, general practitioner; Hg haemoglobin; Hct, haematocrit
The patient is admitted for hospitalization
Upper GI and lower GI endoscopies are planned

**Gastroscopy:** without clinical findings

**Colonoscopy** (complete until caecum): a mass is revealed in the hepatic flexure without obstruction and without hemorrhage. No other alterations seen. Tissue sampling for biopsy was taken

**Pathology report:** moderately differentiated adenocarcinoma of the colon
Investigation

Following the findings of the colonoscopy, disease staging work-up was planned.
Q1. What is the appropriate staging workout for colon cancer?

1. CEA levels determination, PET-CT, complete blood count plus basic biochemistry profile and coagulation

2. CEA levels, liver MRI, chest X ray and complete blood count plus basic biochemistry profile and coagulation

3. CEA levels, Chest-abdominal-pelvic CT scan, Complete blood count plus basic biochemistry profile and coagulation

4. CEA levels, Chest-abdominal-pelvic CT scan, CNS CT scan and complete blood count plus basic biochemistry profile and coagulation

CEA, carcinoembryonic antigen; CNS, central nervous system; CT, computed tomography; MRI, magnetic resonance imaging; PET-CT, positron emission tomography-computed tomography
Investigation

- Chest-abdominal-pelvic CT scan was performed to evaluate the extent of disease
- Chest CT: findings of COPD, no suspicious lesions
- Abdominal CT: mass in the hepatic flexure exceeding the bowel wall without infiltrating adjacent organs, irregular lymph nodes in the surrounding fat. No other pathologic findings
- Serum tumor markers:
  - CEA: 10.8 ng/mL, Ca19-9: 45 U/mL
- No relevant alterations on CBC, biochemistry or coagulation

CBC, complete blood count; CEA, carcinoembryonic antigen; COPD, chronic obstructive pulmonary disease; CT, computed tomography
Diagnosis

- According to the staging performed, the patient has localised colon cancer without any distant metastatic lesions

- Following the decision of tumour board, the patient undergoes right hemicolecctiony
Diagnosis

- The final results of the histology report establish the diagnosis of conventional adenocarcinoma of the colon invading the peri-colonic tissues
- 15 lymph nodes are retrieved, two of them being positive for tumour invasion
- Perivascular, perineural invasion are present while the result is negative for lymphatic invasion
- Negative margins
- Stage: pT3N1b, PN+, IV+
- Testing for MSI: microsatellite stable (MSS)
Q2. What is the next step?

1. Adjuvant chemotherapy
2. Follow-up
Chemotherapy initiation

It is decided that the patient will proceed with adjuvant chemotherapy due to the diagnosis of a stage III colon cancer

The discussion among the oncologists in the oncology clinic raises some questions regarding the regimen that will be administered
Q3. What would you recommend?

1. Initiate adjuvant XELOX for THREE months ?
2. Initiate adjuvant XELOX for SIX months ?
3. Initiate adjuvant FOLFOX for THREE months?
4. Initiate FOLFOX for SIX months?

FOLFOX, leucovorin/5-FU/oxaliplatin; XELOX, capecitabine/oxaliplatin
Chemotherapy administration

Due to the fact that the patient has been diagnosed with stage III colorectal cancer and particularly pT3 and pN1, we decide to administer three months of adjuvant capecitabine plus oxaliplatin (XELOX) based on the results of IDEA.
Follow-up

The patient finally underwent three months of adjuvant capecitabine and oxaliplatin (XELOX) without any adverse events.

She is doing well and visits our outpatient clinic according to her follow-up schedule.

She has no evidence of disease.
Q4. What is the appropriate follow-up for our patient?

1. PET-CT and serum tumour markers every six months

2. History and physical examination along with CEA determination every three to six months for the first three years, chest/abdominal CT every 6-12 months for the first three years and colonoscopy in one year after surgery

3. Chest X ray, abdominal ultrasound and CEA determination every three months for five years in total

CEA, carcinoembryonic antigen; CT, computed tomography; PET-CT, positron emission tomography-computed tomography