Treatment Challenges in metastatic Esophageal Cancer
AIIMS Campus and Facilities
CASE : V-K

60 Yrs/ Female, Teacher presented in October 2009 with the chief complaint of
- Low grade fever X 6 months
- Loss of appetite and weight X 6 months
- Fatigue X 6 months

PAST HISTORY:
- Known case of dyspepsia on antacids X 10 years

O/E:
WNL

FINANCIAL STATUS: Medically insured
BASELINE INVESTIGATIONS
CECT (October 2009)
-Large segment 4 hepatic lesion (8.4 X 6.2 cm) with predominantly peripheral enhancement
-Multiple enlarged lymph nodes in periportal, perigastric and peripancreatic locations.
-Largest node in the region of lesser sac 30X24mm.

PET-CT (October 2009)
-FDG avid pulmonary nodule in subpleural location (SUV max 5.3)
-Irregular FDG avid (SUV max 14.6) in lower thoracic and abdominal esophagus involving GE Junction with maximal mural thickening 2.7 cm
-Multiple enlarged FDG avid (SUV max 14.6) lesser gastric, celiac and peripancreatic lymph node largest (2.7X2.9X3.3 cm)
-Liver is enlarged, large FDG avid heterogeneously enhancing lesion in segment 8 of liver 6.7X8.6X4.5 cm in size

UGI Endoscopy: Growth at GE junction

HISTOPATHOLOGY- Adenocarcinoma with intestinal metaplasia
FISH for Her2 Neu- Negative
1st line – Cisplatin + Capecitabine but was discontinued due to Grade IV diarrhea and lose motion and didn’t tolerate further even after 50% dose reduction

2nd line – Paclitaxel + Cisplatin + Etopeside 6 cycles (Jan 2010-June 2010) – Complete Response

Died: March 2014
Progressed in June 2012 but kept on follow up as patient was asymptomatic and she wish to wait for chemotherapy
3rd Line-Nab Paclitaxel+Cisplatin+Etopeside  6 cycle (Feb2013- September 2013)- Stable disease

CECT December 2013

Neoplastic lesion involving distal esophagus,GE junction and fundus of stomach,RP lymphadenopathy and liver metastasis

C/W/P Scan Right pleural effusion is new finding

Development of new lesion in segment III, though segment IV lesion reduced in size overall Progressive Disease
Upper GI Endoscopy:
- **Esophagus:** Ulcerated polypoidal growth at 35mm obliterating the lumen
- **Stomach:** Ulcerated growth at GE junction

Presenting complaint:
- **Dysphagia**
- **Vomiting**
- **Neuropathy GR II**
Treatment Plan:

- Esophageal Stenting
- BSC

Current Status: Patient died in March 2013
WHATS NEXT TREATMENT OPTION....???

- Single agent Paclitaxel or Docetexal
- Ramucirumab
- Immunotherapy (CTLA-4, antiPD-1, antiPDL-1)
- Adaptive cell therapy
- Any other combinations
- Clinical trial
- BSC
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WE
AREN'T WE

Cancer Survivors
And we
All say
Thanks!!!

For saving our
lives