Treatment-related diarrhea in a patient with metastatic colon cancer

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Patient history 1

- GS, ♂, 42 years
- Family history: mother had cervical cancer; mother’s sister pancreatic cancer
- Previous conditions: hysterectomy with salpingo-oophorectomy for a benign condition 4 years ago
- Smoker (15 pack-years)
- Shop assistant
- Single
Patient history 2

- Jan 2016: bowel obstruction
- CT:
  - thickened wall of transverse colon; communication with ileum
  - compression of superior mesenteric vein
  - lymph node packets in the abdomen
- ↑ CEA and CA 19-9 (1.4 x ULN)
- Surgery
- Histology: adenocarcinoma G3, carcinomatous lymphangiosis; stage pT4b N2b M1a
- KRAS mutant tumour
1st line systemic therapy

- Delayed because of wound dehiscence and infection
- XELIRI + bevacizumab
- 1st episode of diarrhea:
  - day 16 of cycle 1
  - 4 days, up to 6 stools per day (Grade 2)
  - no fever, no weight loss
  - treatment: oral rehydration + loperamide
  - cycle 2 delayed for 1 week
Persistent diarrhea

- **Cycle 2:**
  - diarrhea begins on day 8
  - 5 days, up to 10 stools per day (Grade 3)
  - fatigue, no signs of infection
  - treatment interruption, oral rehydration and loperamide
- **Cycle 3 – 75% dose:**
  - diarrhea days 10-17, up to 10 stools per day
  - weight loss, fatigue, hypotension
  - treatment interruption, parenteral rehydration and loperamide
Treatment modification

- Cycle 4 → FOLFIRI + bevacizumab:
  - up to 5 loose stools per day
  - tolerated much better
  - no other adverse effects
- CT after 6 cycles of CT: partial response
- Sep 2016: started maintenance bevacizumab