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A multidisciplinary approach to metastatic colorectal cancer
Case

- Initial presentation in 2006
  - 59 year old lady
  - pT3N0 sigmoid adenocarcinoma
  - Low anterior resection with colorectal anastomosis Dec 2006
  - 2 cycles of adjuvant capecitabine : discontinued secondary to toxicity

- Feb 2010: Recurrence with 3 lung lesions

- Sep 2010: Completed 12 cycles of Folfox and Avastin. CR PET CT

- Nov 2011: Recurrence with bilateral lung nodules
Case

- Sept 2012-12 cycles of FOLFIRI/ Avastin with partial response and solitary lung nodule only
- Offered maintenance 5FU/Avastin-Patient opted for a drug holiday
- Feb 2013: 2 enlarging lung nodules
- Apr 2013: Wedge resection of nodules left lower lobe and right middle lobe
- Dec 2013: Completed 8 cycles of adjuvant Capecitabine
Case

- Feb 2014: 3 small nodules in Right lung
- Aug 2014: Progression of nodules
- Dec 2014: Right Middle, Lower lobectomy
- June 2015: Endobronchial lesion in left upper lobe bronchus. Biopsy consistent with metastatic colon adenocarcinoma
- July 2015: Radiation therapy 20 Gy in 5 fractions to left endobronchial lesion
Case

- Aug 2016: Increasing left hilar mass. Radiation to lesion
- Planned for Panitunimab and Folfiri: Held secondary to recurrent RTI
- Feb 2017: Patient well. ECOG PS:1 Motivated to try further therapy
- Now planned for EGFR targeted therapy