



GOOD SCIENCE
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European Society for Medical Oncology

ESMO Preceptorship Programme

ESMO Preceptorship on colorectal cancer
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A case of primary liver metastatic colon cancer in a patient with MSI-H

Diagnostic

- ◉ 44 years old gentleman was presented with ileus due to an adenocarcinoma of the right colon at 06.2015. The patient underwent an emergency right hemicolectomy.
- ◉ Staging with CT-Thorax/Abdomen and MRI-Liver: diffuse liver metastases. Tumor markers : CEA: 600 ng/ml and CA 19-9: 1618 U/ml
- ◉ Initial Stadium: pT4a pN1 cM1, L1, V1, R0, G2.
- ◉ Histology and immunohistochemistry : adenocarcinoma, detection of KRAS gene mutation in Exon 2, BRAF mutation and MSI-H. Loss of expression of MLH1 and PMS2 genes.
- ◉ Family history of colon cancer: father at the age of 55 years old, grandfather at the age of 60 years old and brother at the age of 47 years old.
- ◉ Genetic examination: No detection of any germline mutation in the genes MLH1, MSH2, MSH6 and PMS2.
- ◉ Suspicion of Lynch-like syndrome

Induction Therapy

- 07.2015: Induction therapy with FOLFOXIRI+ Bevacizumab
- 08.2015: After 4 cycles of FOLFOXIRI + Bevacizumab perform of a reevaluation: MRI-Liver: partial remission of liver metastases. Decrease of tumor markers: CEA: 413 ng/ml and CA 19-9: 760 U/ml.
- 10.2015: Restaging: further partial remission but no operability.
- 12.2015: After 12 cycles FOLFOXIRI + Bevacizumab Restaging: partial remission of the metastatic sites of right liver lobe and complete remission of the metastatic sites of the left liver lobe. No evidence of other metastatic sites. Decrease of tumor markers: CEA: 5 ng/ml and CA 19-9: 16 U/ml.

Chirurgical removal of liver metastases and relapse

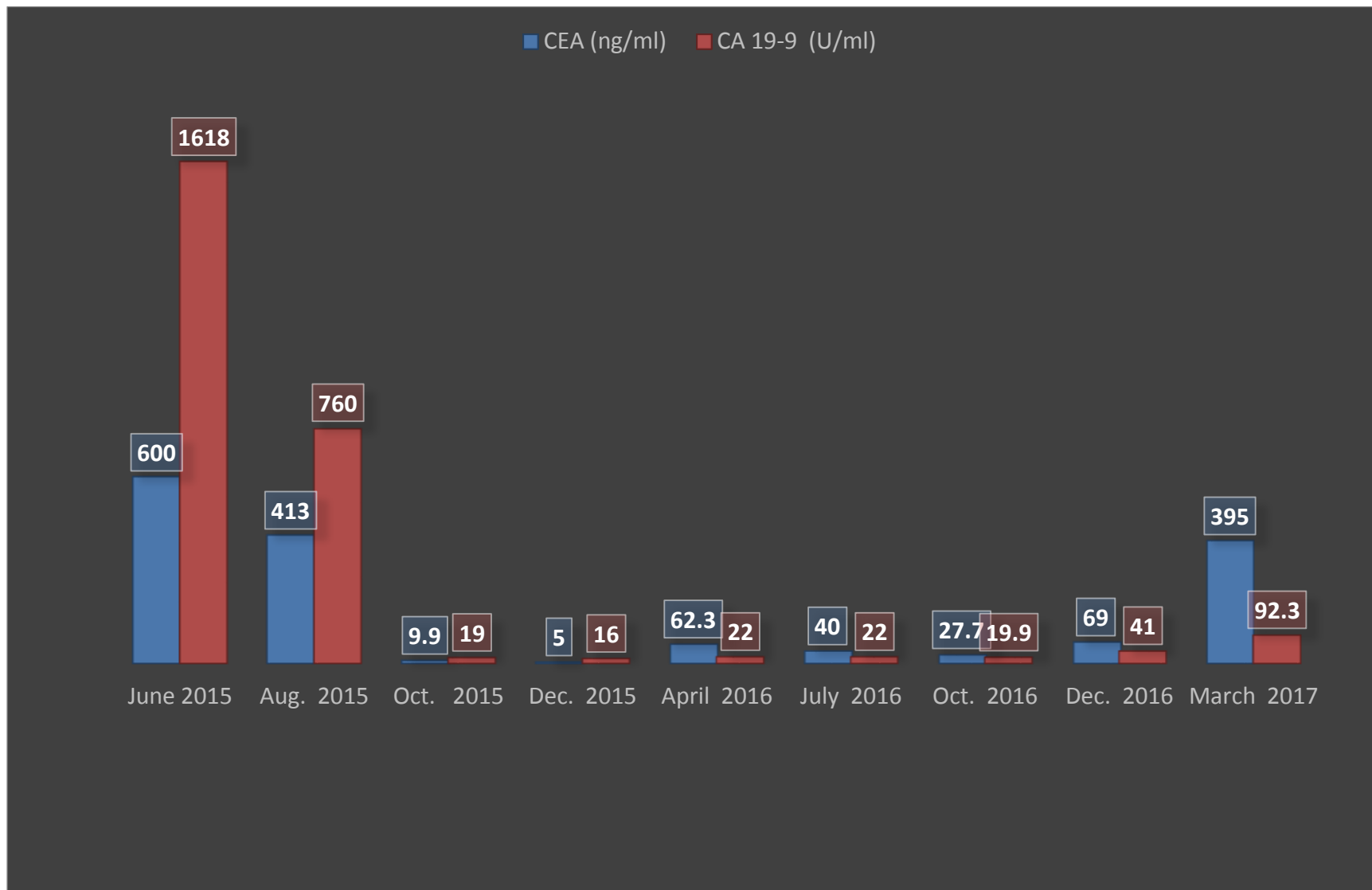
- 01.2016: operative therapy of the liver metastases with right hemihepatectomy.
- 02.2016: detection of ascites -> histological and cytological no proof of malignancy.
- 04.2016: Restaging: detection of new liver metastases in the left liver lobe. Also by new probe of ascites cytological and histological proof of malignancy. Increase of tumor markers : CEA : 62,3 ng/ml and CA 19-9: 22 U/ml

Therapy of the relapse

- ◉ 05 - 06.2016: 4 cycles of FOLFIRI + Ramucirumab.
- ◉ 07.2016: Termination of the Ramucirumab therapy because of multiple side effects (swallowing difficulties, gastrointestinal bleeding).
- ◉ 07.2016: Restaging: partial remission of the liver metastases and decrease of tumor markers (CEA: 40 ng/ml and CA 19-9: 22).
- ◉ 07 - 09.2016: Therapy with FOLFIRI without VEGFR-Inhibitor.
- ◉ 10.2016: Restaging: stable disease and decrease of tumor markers (CEA: 27,7 and CA 19-9: 19,9)
- ◉ 10 – 12.2016: Continuation of the FOLFIRI therapy
- ◉ 12.2016: Restaging: progress of the liver metastases and detection of peritoneal carcinomatosis, parallel increase of tumor markers (CEA: 69 ng/ml and CA 19-9: 41 U/ml)

Salvage therapy with pembrolizumab

- 01.2017: Begin of a salvage therapy with Pembrolizumab based on a phase II study: PD-1 Blockade in tumors with Mismatch-Repair Deficiency (*Uram JN et al. PD-1 Blockade in Tumors with Mismatch-Repair Deficiency Engl J Med. 2015 Jun 25;372(26):2509-20. doi: 10.1056/NEJMoa1500596. Epub 2015 May 30.*).
- 03.2017: Staging: progressive disease (further progress of liver metastases) and rapidly increase of tumor markers (CEA 395 ng/ml and CA 19-9 92,3 U/ml)



Questions

- ⦿ What could be the next therapeutic option in this patient?
- ⦿ Would you suggest a genetic screening and preventive measures(early start with colonoscopy) by the family members of this patient?