A case of multidisciplinary management of metastatic colorectal cancer

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Clinical history:
36 yo male patient in good clinical conditions (ECOG PS 0), no family history of CRC, no comorbidities, non smoker.

Jun 2016: Due to recent changes in bowel habits (with persistent constipation) and intermittent abdominal pain, he underwent:

- Complete blood tests: normal, CEA 11.
- Abdominal and chest CT scan: stenosing lesion of the descending colon with multiple locoregional adenopathies and few metastatic lesions on the right lobe of the liver.
- Colonscopy with biopsy: stenosing mass 50 cm from the anal rim. HE: Adenocarcinoma
- Wb PET scan: colon and liver uptake

Molecular features:
Pan RAS wt, BRAF wt, (MSS, MGMT not metilated, HER2 negative, MET not amplified).
**Treatment:**
Surgery was considered feasible with a two-step approach (liver first) after induction chemotherapy.

Jun – Oct 2016: First line FOLFOX + Panitumumab was administered for 8 cycles with clinical benefit:
- PR on liver and SD on colon
- Discrete tolerability (skin toxicity G3, ipokaliemia G1, HFS G2, neutropenia G1)
**Two-step surgery:**
Nov 2016: Right liver lobectomy and atypical resection of S4a and S4b segments:
- HE: 4 nodules identified (Mandard TRG 3 in three and TRG 4 in one)

Jan 2017: Sigmoidal resection:
- HE: Adenocarcinoma ypN1 (1/17) (Mandard TRG 4)

**Restaging:**
Abdomen and chest CT scan and Wb PET scan: negative

**Post-operative chemotherapy:**
Feb – Apr 2017: FOLFOX + Panitumumab for 4 cycles with SD.

Follow up:
The Patient took a two-month ‘treatment holiday’.

Jun 2017 **Wb CT scan with contrast**: liver PD (three lesions, max 16 mm), confirmed on a **PET scan**.

Second line treatment:
Jun 2017: FOLFIRI + Aflibercept (ongoing after three cycles).

→ A resection of the liver metastasis is deemed in case of response to chemotherapy.