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A 42 year old man with KRAS wild type rectal cancer

DISCLOSURE OF INTEREST

- ⦿ No conflicts of interest

Introduction

- ⦿ 42 year old man
- ⦿ Active lifestyle
- ⦿ No alcohol, no smoker
- ⦿ Employed- Economist
- ⦿ Married
- ⦿ No family history

Presentation and diagnosis

- He complains constipation – 1 month (January 2017)
- Colonoscopy : Vegetative tumour mass about 5 cm, in the distance 3.5 cm from the anal margin (biopsy)
- Pelvic MRI: In the distance 3,8 cm from anal margin, the rectum appears with the thickness of the wall up to 18mm, with a length 4 cm, with a modification from iv contrast. The mass narrows the lumen, has invasion in m. propia and extends beyond it 7.5mm and continued in subserosis. Are seen 8 perirectal lymph nodes up to 7 mm, and 2 presacral lymph nodes up to 8.5 mm.
- Normal tumour markers
- Biopsy resulted – Adenocarcinoma G2
- cT3N2bM0 – stage IIIC

Treatment

- Neoadjuvant chemoradiotherapy (Capecitabine + RT) March-April 2017
- July 2017- Surgery- Laparoscopic intersphincteric resection with coloanal anastomosis and colostomy.
- Biopsy post-op: Adenocarcinoma G2, ypT3N1b (LN2/7), Nx, K-ras wild type; MMR-stable; BRAF/NRAS no mutation
- September 2017- CT scan- Probable Lung Mets; 10 right pulmonary lesions schisural and pleural up to 5 mm; 3-4 left pulmonary lesions in the superior lobe and antero-basal region, with spiculated contour, 8x5mm.
- September 2017-April 2018
 - 6 cycle FOLFOXIRI / Cetuximab
 - 2 cycle 5 FU / Leucovorin + Cetuximab

Treatment...

- ◉ April 2018- Second Surgery-

1. Removal of temporary colostomy and reconstruction of intestinal tract

2. Left pulmonary segmentectomy + biopsy (confirmed – mets from rectal cancer)

- June 2018- CT scan – Progress - Lung mets enlargement in size from 8 mm to 13 mm.

- July 2018-March 2019 – treatment with Capecitabine + Bevacizumab every 3 weeks (CT scan – STABLE disease, normal tumour markers)

- ⦿ Question 1 – Would it be important to perform a MRI before the laparoscopic resection, to evaluate the efficacy of neoadjuvant treatment?
- ⦿ Question 2 – After the first surgery, could we use the chemotherapy regimen FOLFIRI / Cetuximab instead of FOLFOXIRI / Cetuximab?
- ⦿ Question 3 – If we have progress, what would be the next treatment?

