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Complete remission of metastatic rectal cancer after Panitumumab containing chemotherapy

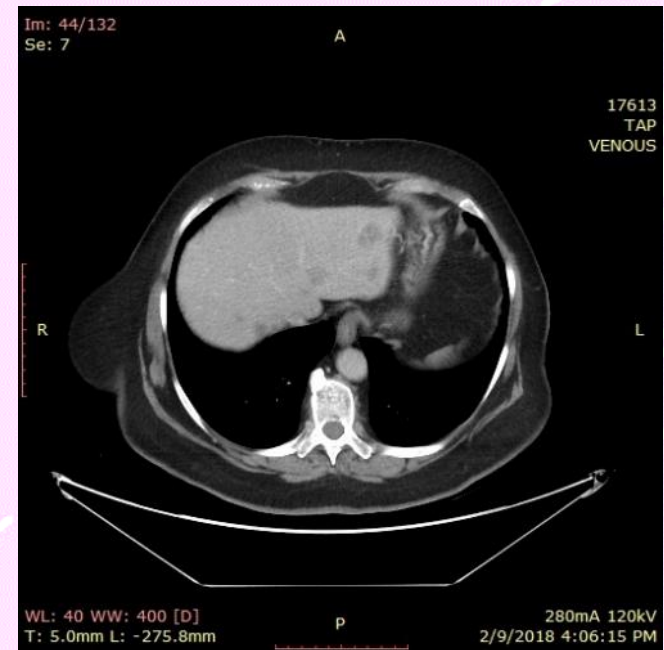
DISCLOSURE OF INTEREST

- ⦿ No conflict of interest

C.G., female, age 71

- **Personal history:** good controlled diabetes mellitus, hypertension, CAD
- **Symptoms:** low caliber stools
- **Complete colonoscopy – February 2018:**
Ulceroinfiltrative, hemicircumferential tumor mass, with mucosal friability, at 5 cm from anal margin
- **Biopsy:** Moderately differentiated adenocarcinoma, tubular, stable MMR
- **Tumor markers:** CEA = 330 ng/mL; CA 19-9 = 639 U/mL

- **CT scan** – Thickness of inferior wall of rectum, 5,5-6cm length. Discrete tumoral extension into the mesorectal fascia. Non specific perirectal adenopathies - 10/6 mm. Hepatomegaly (170 mmm). Multiple **liver metastases** up to 18/15 mm.
- **Mutational status: All RAS WT**

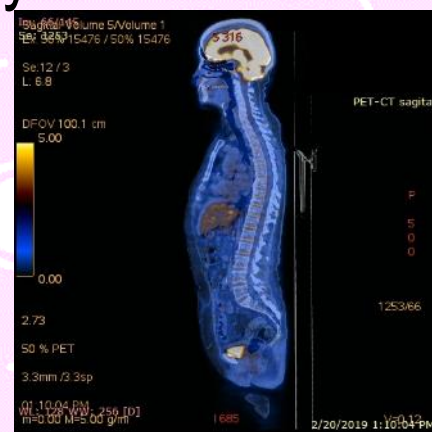


March 13th 2018 - The patient presents in the Oncology department for treatment initiation. At a focused cardiological examination, due to elevated blood pressure, a LAD-proximal 90 % stenosis was detected, which required PTMR and implantation of 2 stents.

Treatment decision

- 11th April 2018 - CT doublet FOLFOX4 + biological agent anti-EGFR (Panitumumab 6mg/kg) q2w
- After 2 Cy, the patient developed cutaneous adverse events, acneiform rash grade 3 and paronychia, which required topical medication, oral antibiotics and two short treatment interruption.
- CT scan - July 2018 - showed **partial response to treatment**: reduction in size of liver diameter (137 mm) , liver metastases (8/6 mm), lymph nodes (< 10 mm)
- Continue FOLFOX4 + Panitumumab q2w


- CT scan - December 2018 - **Complete remission**; no more liver lesions detected; no abdominal or pelvic lymphadenopathy; no rectal lesions suspected of malignancy.
- **CA 19-9 = 64.7 U/ml, CEA = 2.69 ng/ml**
- Continue **FOLFOX 4 + Panitumumab** q2w, up to 16 Cy
- **¹⁸F FDG PET/CT** - February 2019 - confirms the complete remission of the disease, without metabolically active lesions suspected of malignancy.



- ⦿ **CA 19-9 = 29.6 U/ml, CEA = 1.80 ng/ml**
- ⦿ **Colonoscopy + biopsy** – March 2019 – Rectal mucosa with hyperemia and edema in the chorion, without any pathological inflammatory processes or other histopathological alterations
- ⦿ Continue **de Gramont schedule + Panitumumab q2w**

Case discussion

- Rare case of complete response to treatment in metastatic rectal cancer
- Skin toxicity associated with EGFRIs and its impact on patient treatment continuation and QoL
- What to do next with this patient - continue de Gramont + Panitumumab (how long?), discontinue Panitumumab and close monitoring, surgery?

The background features a purple gradient with a central white horizontal band. Overlaid on this are various white circular and line patterns, including solid and dashed lines forming interconnected circles and arcs, creating a network-like or molecular structure.

Thank you for your attention