MULTIDISCIPLINARY TUMORBOARD 2019
Real cases from University Hospitals
Leuven, Belgium

Moderator: Eric Van Cutsem

Experts: Michel Ducreux, Sharlene Gill, Axel Grothey, Thomas Gruenberger, Josep Tabernero,
I. female 27y

✓ Negative history
✓ No family history
✓ Mother of 2 young children
✓ Presents: with pain and pressure lower abdomen since a few weeks
✓ No other symptoms; no change in stool pattern
✓ No weight loss
✓ ECOG: 0
✓ Lab tests: no relevant abnormalities. Normal organ function
✓ Ultrasonography by gynecologists: ovarian mass
✓ CEA: 6.7 microg/l; CA125: 91 kU/L
Liver & lung free
I. female 27y

discussion
* Ovarian metastasis
→ Primary colon tumor

Peritoneal metastases < 0.5 cm
Omental metastasis
Colon biopsies

HEx200A: gland tubes with atypical epithelium (severe cytonuclear atypia)

HEx200B: atypical gland tubes mixed with muscle fibers of muscularis mucosae

CDX2 x100: intestinal differentiation

Intestinal adenocarcinoma
IHC: MSS
NGS panel:
1. female 27y

discussion
2. female 36y

- Negative history
- No family history
- Presents: G3 adenocarcinoma of sigmoid colon with bilateral extensive liver metastases
- No symptoms of intestinal occlusion
- ECOG: 1
- Adequate organ function: Alk Phosp. x3 ULN; normal bilirubin
- RAS wt, BRAF wt, MSS
- Patient is a ‘fighter’
2. female 36y

discussion
2. female 36y

Response after 6 months Folfiri + cetuximab: very good tolerance; no relevant AE\(s\);
2. female 36y

discussion
2. female 36y

Response after 6 months Folfiri + cetuximab

Surgery:
- resection primary tumor
- metastasectomy Se2 with reconstruction L sushepatic
- ligation right portal vein

2 months later:
- right hemihepatectomy with resection small metastases in left lobe

03-2014
2. female 36y

discussion
2. female 36y

- 9 months later: disease recurrence with small liver-and lung metastases,
  Ongoing treatment with different lines of chemotherapy
  (5-FU, oxaliplatin, irinotecan, bevacizumab, aflibercept, cetuximab,
  regorafenib, trifluridine/tipiracil)

- June 2019: in good clinical condition with ongoing treatment
2. female 36y

discussion
3. female 29y

✓ No medical history
✓ Familial: brother of mother colon polyps or tumor (?) and grandfather (mother's side) died of colon cancer at the age of 60 years
✓ Colonoscopy: tumor proximal rectum and 4 synchronous small adenomas

✓ 01/2017: adenocarcinoma of proximal rectum –
  oligometastatic disease
  CRM positive on MRI
  synchronous lung (2) - and liver (1) metastases
    RAS wild type, BRAF wild type, MSS
3. female 29y

discussion
01/2017: Start induction chemotherapy with Oxaliplatin-5FU/LV plus anti-EGFR antibody (panitumumab)

4 cycles

Nice response
3. female 29y

Images: nice response; CRM still positive
3. female 29y

discussion
3. female 29y

- TREATMENT
  - Short course radiotherapy: 5X5 GY
  - Followed by surgery 6-8 weeks later
  - In the interval: 2 cycles FOLFOX/panitumumab
3. female 29y

Images: nice response
3. female 29y

- August 2017:
  - TREATMENT: laparoscopic TME with stapled colon J pouch + RFA liver metastasis segment VIII (protective ileostomy)
  - Plan in second time: resection of 2 lungmetastases

- Early October 2017: planning resection of lungmetastases, but on new CT scan multiple lungmetastases
3. female 29y

discussion
3. female 29y

- November 2017: Start FOLFOX/panitumumab, with response for 4 months
- drug holiday
- NGS: no druggable alteration
- Never wanted to start with chemotherapy
Thank you to the patients, medical and paramedical staff
& to Prof G De Hertogh, pathology and Prof Vincent Vande Caveye, radiology
Leuven, Belgium

- 25 km east of Brussel: ~ 100,000 inhabitants
- KUL: University founded in 1425: > 55,000 students:
  - Times ranking of innovation: Nr 5 worldwide; Nr 1 in EU
- Largest Beer Brewery in world (>25% of world production)