RAS/RAF considerations in early colorectal cancer
DISCLOSURE OF INTEREST

- None
Diagnosis & Investigations

Initial Presentation

- 54 year old female
- Presents to surgical colorectal clinic August 2018
- 6 week history of right iliac fossa pain
- 6 weeks diarrhoea
- ½ stone weight loss
- Routine bloods: microcytic anaemia

CT CAP 23/8/18: Large caecal mass in keeping with malignancy. Locally advanced disease with extension into the anterior abdominal wall.

Initial treatment

Initial surgical management
- Open right hemicolectomy
  4th September 2018
- pT3 N0 (0/33) R0 M0
- Intramural lymphatic invasion
- No venous/perineural invasion
- CT CAP 23/8/18: No mets
- NM Bone scan 20/11/18: No mets

Adjuvant treatment
- Low risk Stage II CRC
- Discussion with patient re: added benefit of adjuvant chemotherapy
  Capecitabine commenced
  1st November 2018
An unexpected twist

- CEA begins to rise acutely
- Acute decline over 3 weeks
- RUQ pain and new palpable mass above midline scar
- Fatigued, ECOG 2
- Steroids commenced -> ECOG1
- Palliative IMDG/FOLFIRI commenced 24/01/19

<table>
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<th>30-Oct 2018 09:00</th>
<th>12-Dec 2018 08:30</th>
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<tr>
<td>CEA</td>
<td>2.1</td>
<td>8.0</td>
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CT CAP 10/01/19
What went wrong?

- Mutational analysis
  - NRAS: Mutation codon 12
  - KRAS: No Mutation
  - BRAF: Mutation exon 11
- Further rapid decline

- Patient died 20/02/19, post x2 cycles IMDG

- Considerations
  - Improving adjuvant treatment selection
  - Reflex RAS/RAF testing
  - BRAF/MEK/EGFR inhibition
  - Ongoing trials
Thank you for your attention – any questions?