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METASTATIC COLORECTAL CANCER
DISCLOSURE OF INTEREST

- No disclosure
History

- 35 yo/ Male
- No comorbid
- Present with pain at right shoulder and pleuritic chest pain. No bowels symptoms. PS 0.
- CT: multiple liver lesions involving all segments of liver. No lung metastasis. Thickening within mid and upper rectum.
- MRI Pelvis: upper rectal tumour, T3 and lymph nodes compromising the presacral resection margin
- Lower GI scope: upper rectal tumour
- Biopsy: poorly differentiated adenocarcinoma
- Mother has breast cancer
- MDT: Liver disease is inoperable
- KRAS Wt, NRAS Wt, BRAF non mutant, MS stable
- Started on OxMdG + Panitumumab in May 2018
MRI Liver July 2018
- Post cycle 6
- Grade 3 rash, require 20% dose reduction for Panitumumab

MRI Liver Nov 2018
- Post cycle 12
- Completed 12 cycles OxMdG + Panitumumab in Oct 2018
- Liver lesions reduction in size and number, but remain widely distributed (segment 2,3,4,7).

MRI Pelvis Nov 2018
- Post cycle 12
- Rectal tumour has good response.
- MDT: For resection of primary tumour and liver metastatectomy
- Received another 2 cycles of OxMdG + Panitumumab
- Short course radiotherapy to pelvis 20Gy/4# 31/12/2018 till 4/1/2019
- Laparoscopic anterior resection and defunctioning loop ileostomy and synchronous right hepatectomy and multiple metastasectomy in January 2019
- Primary tumour : ypT3 N1a R0
- Liver : Posterior right hepatectomy,R0. Other segments (2,3,4a,4b) of liver all containing metastatic adenocarcinoma. 10 deposits in total, mixture of R1 and R0 resections.

Liver specimen for FoundationOne CDx
- Microsatellite status MSS
- Tumour mutation Burden TMB-Low
- KRAS wt
- NRAS wt
- ARID1A rearrangement exon 1
- MYC amplification equivocal
- APC R786*
- SMAD2 E189fs*6
- TP53 R282W
35yo, received 14 cycles IrMdG+Panitumumab, post synchronous surgery for primary and liver
- Options? Ablation? Further surgery? Biological agent?
- Started on IrMdG
- Post 4 cycles, MRI showed mixed appearance. Reduction in size of the liver lesions while nodes in the porta hepatis (1.3cm) and adjacent to the coeliac axis (1.0cm) have increased in size a little.

MRI Liver post surgery

at least 25-30 metastases scattered throughout both lobes
May 2019
Post cycle 4 IrMdG
Mixed response, reduction in liver lesion, progressing nodal disease
Restart Panitumumab

July 2019
Post cycle 8 IrMdG + cycle 4 Panitumumab
Mixed appearance. Reduction in size of the liver lesions with increase in size of the nodal pathology
Lymph node to the left of the coeliac axis 2.4cm
Lymph node to the right of the coeliac axis 2cm
Toxicity: Grade 3 oral mucositis, Grade 3 rash
- 50% dose reduction for bolus 5FU, 25% dose reduction for Panitumumab
- ECOG 1
- Continue IrMdG + Panitumumab
- Radiotherapy to celiac nodes 36Gy/10# 8/10/18 till 21/10/19
- CT scan 23/10/19 showed stable liver metastases, stable nodal disease, no new lesion seen.
- Patient would like his stoma reversed.
Next?

Radiologically stable disease. CEA reducing trend.

Risk of disease progression while off treatment to allow surgery and recovery.

QoL: young patient, working, would like stoma reversal.

ESMO PRECEPTORSHIP PROGRAMME
Thank you for your attention