Case of CRC treatment in the lack of MDT
DISCLOSURE OF INTEREST

None
69 y.o. male, obese (BMI=35), with primary hypertension.

05/2018 - Presented to physician with fatigue, anemia.


Biopsy – Adenocarcinoma G1.

Chest CT – no metastases.

MRI [abdomen, pelvis] – liver mets in S6 – 25x24mm, S7 – 31x37mm, S8 – 30x20mm, 29x22mm, 13x12mm.

cT3N1M1 (hepar)/ IV
Patient addressed to an abdominal surgeon in high-volume center

[Idea – sequential surgery: bowel first?]

08/2018 – sigmoid colon resection (Laparoscopic with conversion to open access)

Pathology report: Adenocarcinoma G1 with necrosis foci, serosal invasion, multiple tumour emboli in pericolic fat tissue, perineural invasion, R0, pT4aN2a (5/18) M1(hep)

Genetic: KRAS, NRAS, BRAF – wild type, MSS.

PO period – w/o complications.

Discharged with recommendation: chemotherapist consultation.
Patient addressed to local oncology clinic.

In outpatient department (first contact) despite ECOG 0-1 was prescribed 1st line Chemo – Capecitabine per os.

09/2018-01/2019: 4 cycles of Capecitabine [1250 mg/m² bd 21d]
Toxicity - Palmar-plantar erythrodysesthesia G2

PD – enlargement of liver mets as well as new lesions (S6,S7,S8).

01/2019 – patient was discussed with abdominal surgeon, goal → cytoreduction: sent to medical oncologist.

02/2019-03/2019: 3 cycles of 2nd line chemo FOLFOX+Cetuximab.
Toxicity – acineiform rash G2, neutropenia G2

04/2019 – Partial response: mets size ↓30% (the largest up to 30mm)
05/2019 – right hemihepatectomy was planned. During operation S6, S7, S8 liver mets were confirmed, were detected lesions in S3 and omentum. Performed – resection of S3, segment-oriented S6 resection, omentectomy.

Pathology report: metastases of colorectal adenocarcinoma in right and left lobes of the liver, omentum. Tumour cells in liver resection margins (R1)

After discharge patient was directed to chemotherapy department to receive 3rd line chemo: FOLFIRI+aflibercept.

06/2019-07/2019: 3 cycles of FOLFIRI+aflibercept.
Control scans – enlargement of targeted lesions + new liver mets

08/2019-10/2019: 4\textsuperscript{th} line chemotherapy Regorafenib [80 mg] – 2 cycles

10/2019 – Chemoembolisation of right hepatic artery with Doxorubicin (TACE)

Control scans are awaited…
Discussion

- What would tactic of management have been if the patient was discussed in MDT initially?
- How better organize inter-specialist coordination in the lack of MDT?
- Who should take an initiative to organize MDT? How we can do it?
Thank you for your attention!