ADVANCED COLORECTAL CANCER CASE PRESENTATION

BY
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DISCLOSURE

• I have no conflicts of interest
HISTORY

• EM, 56 year old male businessman married with 4 children and resides in Kano

• Symptoms - Lower abdominal pain, constipation alternating with diarrhea and weight loss (>10% of body wt) of 12 months. Upper endoscopy was negative. No colonoscopy was done

• Had ex-lap and colectomy with ileo-colonic anastomosis on 26/10/2016 in a private facility and required a re-exploration for anastomotic leak on 5/11/2016 - a repair was done with proximal diversion ileostomy

• Histopathology - Moderately differentiated adenocarcinoma of the colon T₄ N₁ Mₓ with 2 out of 6 lymph nodes involved. Resection margins were negative.
HISTORY

• He presented to our facility on 24/11/2016 with severe skin excoriation around the ileostomy with bilious effluent, dehydration and gluteal pressure ulcers.
• PMHx - unremarkable
• No comorbidities. No family history. Never smoked cigarettes but drinks alcohol socially
• ECOG 3 at presentation
• Clinical Examination- acutely ill looking, mild palor, anicteric and moderately dehydrated with an ileostomy draining high volume bilious effluent.
• He was actively managed by the surgeons for the high output fistula and they opted to take him to the theatre after stabilization while the plastic surgeons managed the gluteal ulcers
STAGING INVESTIGATION

- Blood counts - satisfactory
- Serum electrolytes - hyponatremia, hypochloremia
- Severe hypoalbuminemia - 21g/L
- Imaging showed a solitary mass in the liver measuring 4.4cm in segment VII within the right lobe
- Liver enzymes were within normal range.
- Chest CT Scan - Normal
- CEA 2.27ng/ml post op.
TREATMENT

• He had ex-lap with end to side jejuno-colic anastomosis on 7/12/2016 lesions were seen in the liver intraoperatively but no biopsy was done.

• He commenced chemotherapy using CAPOX in February 2017. Performance status now ECOG 0.

• Abdominopelvic CT Scan was done after 4 cycles in April 2017 showed an isodense mass measuring 2.4cm in the right lobe. CEA was 7.44ng/ml.

• He continued CAPOX and took 4 more cycles with the 8th one in July 2017.

• A repeat Abdominopelvic CT Scan done in August 2017 showed essentially the same hepatic findings with the mass in segment VII measuring 3.2cm X 2.1cm and CEA was 5.8ng/ml at this time.
• He had KRAS mutation analysis in the US in August 2017 and no mutations were detected in KRAS exons 2 and 3 including codons 12, 13 and 14. Wild type

• Anti EGFR (Cetuximab/Panitumumab) could not be used due to the cost.

• He opted for close monitoring and has been compliant. His last follow up visit was in January 2020
ABDOMINOPELVIC CT SCANS

APRIL 2017

JUNE 2018
ABDOMINOPELVIC CT SCANS

JANUARY 2020

JANUARY 2020
<table>
<thead>
<tr>
<th>CEA TEST DATE</th>
<th>CEA VALUE</th>
<th>LIVER MASS SIZE ON CT SCAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2016</td>
<td>2.27ng/ml</td>
<td>4.4cm</td>
</tr>
<tr>
<td>April 2017</td>
<td>7.44ng/ml</td>
<td>2.4cm</td>
</tr>
<tr>
<td>END OF CHEMO JULY 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 2017</td>
<td>5.8ng/ml</td>
<td>3.2cm X 2.1cm</td>
</tr>
<tr>
<td>October 2017</td>
<td>5.37ng/ml</td>
<td></td>
</tr>
<tr>
<td>March 2018</td>
<td>1.8ng/ml</td>
<td>2.5cm X 3.2cm</td>
</tr>
<tr>
<td>June 2018</td>
<td>0.15ng/ml</td>
<td>2.3cm X 2.5cm</td>
</tr>
<tr>
<td>April 2019</td>
<td>0.95ng/ml</td>
<td>2.9cm X 2.8cm</td>
</tr>
<tr>
<td>January 2020</td>
<td>0.55ng/ml</td>
<td>3.9cm X 3.2cm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd lesion 3.7cm X 3.6cm</td>
</tr>
</tbody>
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CHALLENGES/DISCUSSION

- Delayed diagnosis -
- No MDT at diagnosis
- Poor Surgical Management - Inadequate nodal staging. No biopsy of lesion in the liver was done and he had 3 ex-laps. Could a metastectomy have been done?
- No facility for molecular pathology
- Financial constraints - Cetuximab/Panitumumab are expensive
- PET CT Scan not available in Nigeria
- What are the options? A Biopsy of lesions in the Liver or PET Scan
THANK YOU