

Peritoneal and hepatic metastases management in colorectal cancer - a long term strategy

Case presentation

F. Quénet

ICM

Personal and tumoral characteristics

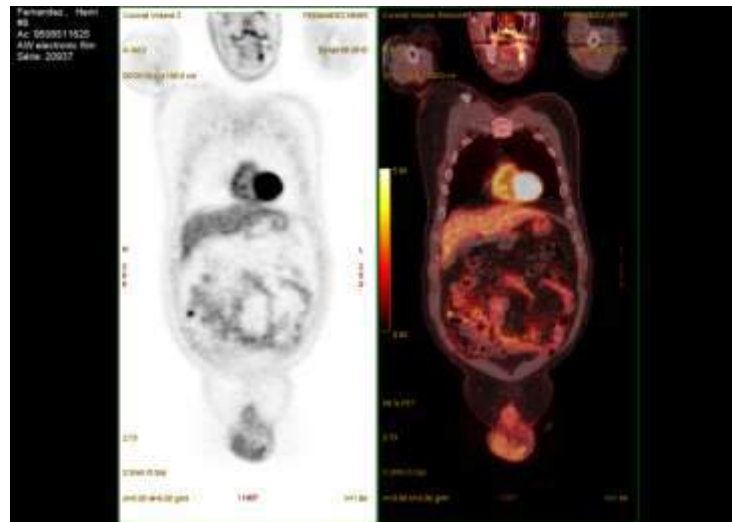
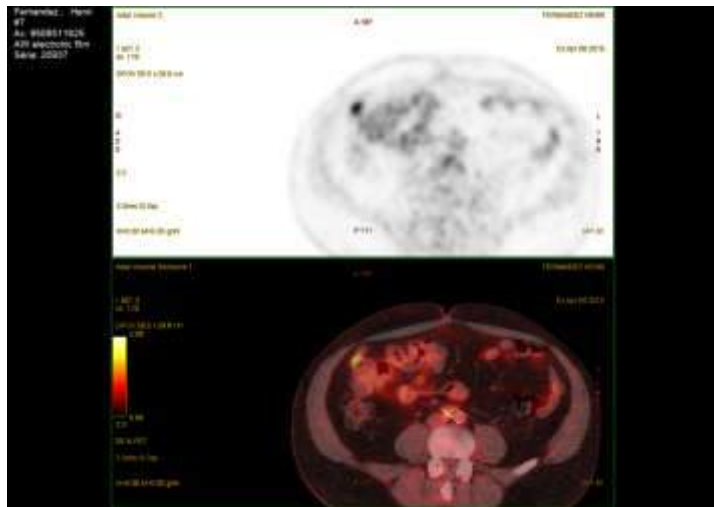
- Male, 63 y
- Light personal history (videoscopic thymectomy, hypercholesterolemia)
- October 2013:
 - Sigmoid lieberkuhnian adenocarcinoma – laparoscopic resection
 - Pathology report: pT3N1b(3N+/12)
 - Ras-mutated, BRAFwt
 - Tumour board decision: adjuvant FOLFOX 12

Initial evolution

- Prechemo CT scan:
 - peritoneal and hepatic metastases: 4 hepatic lesions segm I, II, IVb and V (10-14mm), several peritoneal implants
- January 2014: 6 cycles FOLFOX + 6 cycles 5FU (neurotoxicity)
- CT scan: lesion regression
- June 2014: Therapeutical pause
- November 2014: 2nd line chemo: XELIRI + Bevacizumab
- May 2015: addressed to our tertiary institution for specialized treatment

Preoperative evaluation

- CT scan
- Hepatic MRI
- TEP scan



- What do you do ?
 - 1 CRS & HIPEC + liver resection
 - 2 CRS & HIPEC only
 - 3 Liver resection first
 - 4 Systemic chemotherapy

- Decision: cytoreductive surgery + HIPEC

Surgery

- June 2015:
 - PCI=13
 - Colorectal resection, lombo-aortic mass, right diaphragm, appendix, first jejunal loop lesion conservative resection, divertive ileostomy
 - Peroperative hepatic US: no intrahepatic disease =>missing metastases
 - Oxaliplatin 460mg/m² HIPEC
 - Good postoperative outcome

August 2015: divertive ileostomy closure

- September 2015: new hepatic + surrealian evolution in Ctscan+MRI – segm III (13mm), segm V (14mm), segm IVb (10mm)



- What do you do ?
 - 1 liver resection
 - 2 2nd line Systemic chemotherapy + liver resection
 - 3 radio frequency ablation
 - 4 Systemic chemotherapy alone

- 3rd line chemo: FOLFIRI+Bevacizumab – 4 cycles
- November 2015: echo-guided surgery
 - No peritoneal carcinomatosis
 - Missing meta in segm Ivb
 - Wedge resections segm III and V + left adrenalectomy
- Pathology: 30% histological response Blazer 1; unconfirmed adrenal metastasis

- What do you do ?
 - 1 prophylactic HIPEC
 - 2 Systemic & intra arterial chemotherapy
 - 3 surveillance
 - 4 Systemic chemotherapy alone

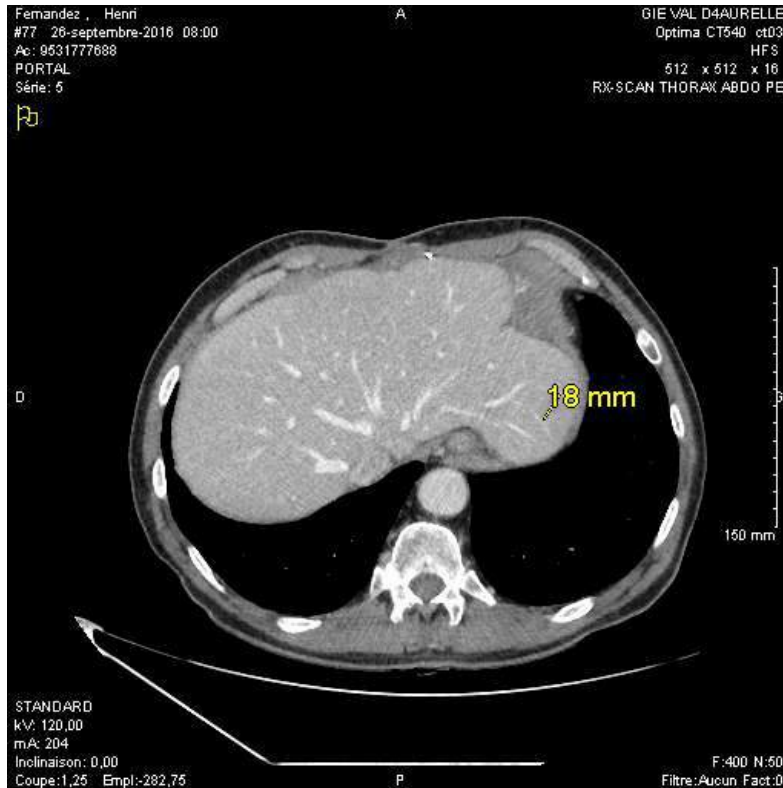
Follow up

- April 2016: new hepatic and peritoneal evolution
- Mutant Ras restrains systemic therapy options
- Tumour board: new surgery
- May 2016: echo-guided atypical hepatic resection + cytoreductive surgery + HIPEC Mitomycin C for PCI=13 (atypical gastric, ileal and transverse colonic resections)
- Simple outcome
- Adjuvant treatment: 6 FOLFOX with reduced Ox



Last episode

- October 2016: new hepatic lesion in segment II
- Surgery: segmentectomy
- Simple outcome
- Negative surveillance



New Perspectives in the Treatment of Colorectal Metastases

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