Synchronous liver Metastases in Patients with Rectal Cancer

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Disclosure

• Advisory Boards:
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Case 1

• Mr. EH is a 55 year old male patient

• PMH: None
• PSH: None
• Social history: Chronic heavy smoker (80py), moderate alcohol intake
• Family history: negative for malignancy

• CC: blood per rectum, constipation and weight loss of 5 kg in 2 months
Case (Cont’d)

• Colonscopy (6/20/2017): Nearly obstructing circumferential friable rectal mass at 5cm from the anal verge.

• Pathology showed infiltrating moderately differentiated adenocarcinoma, RAS/BRAF wild type, MSS

CEA: 44 ng/mL
1. Circumferential thickening of the rectal mucosa causing severe narrowing and secondary bowel dilatation and fecal retention.
2. Large metastatic liver lesion measuring 9 X 4 cm
3. Multiple tiny retroperitoneal, sacral and iliac lymph nodes
Approach to patient with rectal cancer and synchronous liver metastases

• Surgery (rectum and liver)
• Surgery (rectum and liver) followed by systemic chemotherapy
• Systemic chemotherapy followed by surgery (rectum and liver)
• Systemic chemotherapy, SCRT followed by surgery (rectum and liver)
• Systemic chemotherapy
Severe abdominal pain with obstructive symptoms
Laparoscopic loop sigmoid colostomy
What type of chemotherapy in RAS wild type?

- FOLFOX, Bevacizumab
- FOLFIRI, Bevacizumab
- FOLFOX, Cetuximab/ Panitumumab
- FOLFIRI, Cetuximab/ Panitumumab
- FOLFOXIRI with Bevacizumab
- FOLFOX
- FOLFIRI
Case (Cont’d)

- 6 cycles of FOFL0X and panitumumab
Diagnosis

After 6 cycles of FOLFOX and Panitumumab

- Decrease in the rectal circumferential thickening.
- Decrease in the large metastatic liver lesion involving segment VIII, VII, V and VI measuring now 2.7 x 4.2 cm

Response to treatment
PET CT Scan

**Diagnosis**

After 6 cycles of FOLFOX and Panitumumab

**Response to treatment**
1. Solitary liver metastasis in segment V/VIII. The portal vein and hepatic veins are patent.

2. Two small simple hepatic cysts
Patient had good response to chemotherapy. What’s next?

- Continue on the same treatment
- Maintenance chemotherapy with 5-FU and Bevacizumab or Panitumumab
- Liver resection followed by SCRT and surgery
- Liver resection followed by rectal surgery
- Rectal surgery followed by liver resection
- Rectal and liver surgery in the same setting followed by chemotherapy
- Chemoradiation followed by surgery for both sites
Case (Cont’d)

- 11/2017: Resection of segment V, and part of segment VI and VII.

- Pathology: liver, trisegmentectomy:
  
  Positive for adenocarcinoma, consistent with metastasis. surgical margins, free of tumor with treatment effect
Case (Cont’d)

1/2018: short course of radiotherapy (25 Gy in 5 fractions)

Plan was to proceed with rectal surgery 6-8 weeks after XRT ............... BUT......
Increase in the size of retroperitoneal lymph nodes

Multiple bilateral lung nodules

Disease progression
6 cycles of FOLFIRI, Cetuximab
1. Unchanged primary rectal tumor.
2. Decreased retroperitoneal lymphadenopathy.
3. Significant interval decrease in size of all the lung nodules,

Response to treatment
Case (Cont’d)

6 more cycles of FOLFIRI, Cetuximab (Total 12 cycles)
CT Chest Abdomen and Pelvis 9/2018

1. Unchanged primary rectal tumor.
2. No new or progressive metastatic disease in the abdomen or pelvis.
3. Post therapy changes in the pelvis with bladder wall and presacral soft tissue thickening.

1. Stable pulmonary nodules.
2. No new pathology in the chest.
What’s Next?

• Surgery (APR) and RFA of lung lesion
• Biopsy and RFA of lung lesion
• Continue on the same treatment
• Switch to maintenance therapy and re-evaluate in 3 months
• Observation
9/2018: 5 Fu- Bevacizumab

PETCT 11/2018

1. Stable disease in the abdomen and pelvis
2. FDG-avid right upper lung nodule,

- CT-guided biopsy and ablation of the right upper lung lesion
- Pathology: Right lung, core biopsy: metastatic adenocarcinoma consistent with colorectal origin

- Continue 5 Fu- Bevacizumab
1. Unchanged primary rectal tumor
2. Stable bilateral lung nodules (non-specific)
3. Unchanged subcentimetric retroperitoneal lymph nodes

What’s Next?
Surgery?
More Chemotherapy?
Observation?
THANK YOU