INTERACTIVE SESSION 2

2 patients with lung metastases, with complete response after oncologic treatment

- Clinical Case Presentation:
  • Dr. Esther Casado
  • Dr. Sergi Call

- Expert Opinion:
  • Dr. Raúl Embún
  • Dr. Carles Pericay
  • Dr. Paul Van Schil
CHOOSE YOUR SPECIALITY

1) Medical Oncology & Radiotherapy
2) Thoracic Surgery
3) HBP Surgery
4) Others
65-year-old man

**PAST MEDICAL HISTORY**

- Ex-smoker for 30 years
- 2012: Coronary angioplasty + stenting

- **December 2013**: Colostomy for intestinal obstruction

**TESTS**

- **Abdominal CT**: solid circular tumor at 7-8cm above the anorectal junction
- **Colonoscopy**: Adenocarcinoma occupying all colonic lumen
- **RMN**: 3cm tumor with fatty tissue invasion; 5mm lymph nodes
- **PET-CT**: Rectal tumor (SUVmax 7.6) + abnormal uptake in:
  - Liver: Segm. II + Segm. IV
  - Bilateral Lungs: LLL (2 nodules) + ML
PET-CT: Liver

SUVmax: 4.3

SUVmax: 3.5
PET-CT: Lungs

SUVmax: 2.0

SUVmax: 3.4

SUVmax: No uptake
Clinical Diagnosis:
Adenocarcinoma of rectum (**RAS WT**)
cT3N0M1 (Liver + Lung mets)

Treatment Strategy?
Induction treatment in RAS WT patient with potentially resectable disease

1. Rectum RT + FOLFOX + panitumumab
2. Rectum RT + FOLFIRI + cetuximab
3. Rectum RT + FOLFOX + bevacizumab
4. Rectum RT + FOLFOXIRI
5. Rectum RT + FOLFOX
January 2014 to June 2014:

- Folfox x 9 cycles + rectum RT
- Grade 2 neurotoxicity

Restaging Chest & Abdominal CT + Abdominal MRI

- Rectal tumor: partial response
- Lung & liver mets: complete response
- CEA 2.4

June 2014:

- **Surgery:** Low anterior resection with coloanal anastomosis
- Pathology:
  - Grade 2 adenocarcinoma (20mm) + perirectal adipose tissue invasion
  - Tumour regression grading: GR3 (Dworak classification) (70%)
  - Margin status free
  - ypT3N0 (0/14)M0
Restaging Chest CT

- Nodule-ML (10mm) (January 2014)
- Nodule-LLL (17mm) (June 2014)
- Nodule-LLL (4mm) (June 2014)
Regarding Lung & Liver Mets, which is the best strategy?

1. Left hepatectomy + bilateral lung surgery + adjuvant chemo

2. Lung surgery of the left side + left hepatectomy

3. Adjuvant chemotherapy + follow-up of lung & liver mets

4. Left hepatectomy without lung surgery + adjuvant chemo

5. Others
July 2014:
- Folfox x 3 (total 12 cycles)
- Grade 2 neurotoxicity

January 2015:
- Lung Mets detected by CT
- CEA 2.5
- **PET**: Abnormal uptake in ML, LLL and #4L
SUMMARY

- 65-year-old man
- PS ECOG 0

Dec 2013
Rectal cancer +
Synchronous Liver & Lung metastases

Jan 2013
Folfox (9cycles)
Complete Response of Liver & Lung Mets

June 2014
Low anterior resection
ypT3N0 (R0)

July 2014
Adjuvant treatment with Folfox (12 cycles)

Jan 2015
Bilateral lung metastases
Choice the proper approach for lung mets:

1. EBUS (or mediastinoscopy) +/- bilateral VATS

2. EBUS (or mediastinoscopy) +/- median sternotomy

3. EBUS (or transcervical lymphadenectomy) +/- sequential bilateral thoracotomy

4. EBUS (or mediastinoscopy) +/- Clamshell

5. Start second line of chemotherapy
Surgery of the lungs: VAMLA + sequential thoracotomies

1. Video-assisted mediastinoscopic lymphadenectomy (VAMLA) + extended cervical mediastinoscopy (3/2015)
   - Lymph nodes from 4R, 4L, 7, 10L and 5 were removed
   - Pathologic diagnosis: all nodes were negative

   - LLL: 3 wedge resections + SND

   - ML: middle lobectomy + SND
Definitive pathologic diagnosis

- Colon ADK (20mm)
  - CK20 +
  - CK7 - // TTF-1 -
  - Margin status free

- Colon ADK (17mm)
  - CK20 +
  - CK7 - // TTF-1 -
  - Margin status free

- Intrapulmonary lymph node (5mm)

- Lymph nodes negative (n=32)
  - 4R, 10R, 11R, 8R, 9R, 4L, 7, 5, 6, 10L, 9L.

- Fibrotic nodule (6mm)
Which is the next step?

1. Follow-up

2. Folfox (12 cycles)

3. Folfiri (12 cycles)

4. Chemotherapy + targeted therapy

5. Others
Patient is still on chemotherapy, Folfox schedule

CT performed 5th November: no evidence of disease
62-year-old woman

PAST MEDICAL HISTORY

• High blood pressure with treatment

• Dyslipidemia

December 2011

• Sigma adenocarcinoma diagnosed by colonoscopy and CT
• CEA 1.52
• Surgery: sigmoidectomy by laparoscopy
• Pathology:
  ✔ Grade 2 adenocarcinoma
  ✔ Perisigma adipose tissue invasion
  ✔ Margin status free
  ✔ pT3N0 (0/12)M0
March 2014: **Lung metastasis in middle lobe**

**TESTS**

- **Chest & abdominal CT:**
  - Spiculated nodule (11mm) in middle lobe
  - Enlarged hiliar lymph nodes (17mm)
  - Enlarged R inferior paratracheal lymph node (25mm)

- **Bronchoscopy:** endobronchial lesion in B5 (Colon ADK)

- **Colonoscopy:** without signs of recurrence

- **PET-CT:**
  - Middle lobe nodule (SUVmax 4.4)
  - Hilium (SUVmax 9.5)
  - 4R lymph nodes (SUVmax 12)
PET-CT

SUVmax: 12

SUVmax: 4.4
Choice the next step for this metachronous lung met:

1. EBUS (or mediastinoscopy)
2. Direct lung surgery
3. Induction chemotherapy
4. Induction chemotherapy + targeted therapy
5. Others
April 2014: **Mediastinoscopy**
- Lymph nodes from 4R, 4L and 7 were biopsied
- Macroscopic signs of bulky disease in 4R and vascular invasion in 10R
- Pathologic diagnosis: Colon ADK in 4R
- RAS wild-type

From May to August 2014:
- Folfiri + Cetuximab (6 cycles)
- G2 acneiform rash
PET

3/2014

9/2014

35 cm

40 cm
PET-CT: nodule

3/2014

9/2014
PET-CT: mediastinum

3/2014

9/2014

5th International Workshop on the Treatment of Hepatic and Lung Metastases of Colorectal Carcinoma
SUMMARY

- 62-year-old woman
- PS ECOG 0

Dec 2011
Sigma ADK
Sigmoidecctomy
pT3N0M0

March 2014
ML-Lung Met +
LN Mets (4R & 10R)

May 2014
Systemic Treatment
Folfiri + Cetuximab

Sep 2014
Complete response
No signs of Mets
After this complete response, what is the plan?

1. Middle lobectomy, directly

2. Repeat mediastinoscopy +/- middle lobectomy

3. Follow-up

4. Complete chemotherapy to 12 cycles
Surgery of the Lungs: reMS + middle lobectomy

1. Repeat mediastinoscopy (10/2014)
   - Multiples biopsies from 4R and 4L
   - Pathologic diagnosis:
     All nodes were negative (fibrosis)

2. Right video-assisted thoracoscopic surgery (VATS) (10/2014)
   - Middle lobectomy + SND
   - Definitive pathologic diagnosis:
     ✓ Fibrosis and nonspecific chronic inflammation
     ✓ No evidence of malignancy
Which is the next step?

1. Follow-up

2. Folfiri + cetuximab (12 cycles)

3. Folfiri (12 cycles)

4. Others
- Patient underwent Folfiri treatment until January 2015

- Last follow-up (November 2015): no evidence of disease