

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

Case presentation

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ICM

# Personal and tumoral characteristics

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- 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

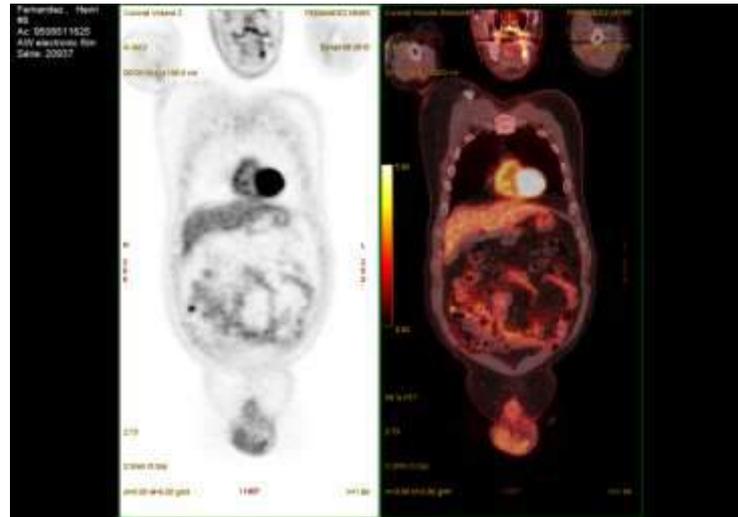
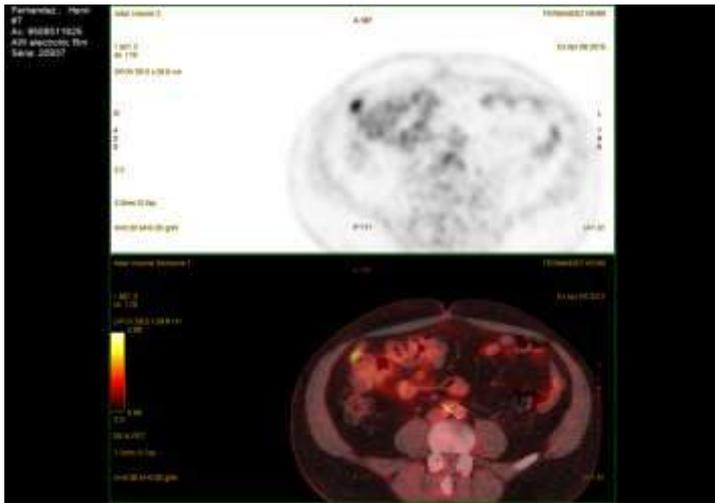
# Initial evolution

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- 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: 2<sup>nd</sup> 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

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- June 2015:
  - PCI=13
  - Colorectal resection, lomboarctic mass, right diaphragm, appendix, first jejunal loop lesion conservative resection, divertive ileostomy
  - Peroperative hepatic US: no intrahepatic disease =>missing metastases
  - Oxaliplatine 460mg/m<sup>2</sup> HIPEC
  - Good postoperative outcome

August 2015: divertive ileostomy closure

# Evolution

- 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 2<sup>nd</sup> line Systemic chemotherapy + liver resection
  - 3 radio frequency ablation
  - 4 Systemic chemotherapy alone

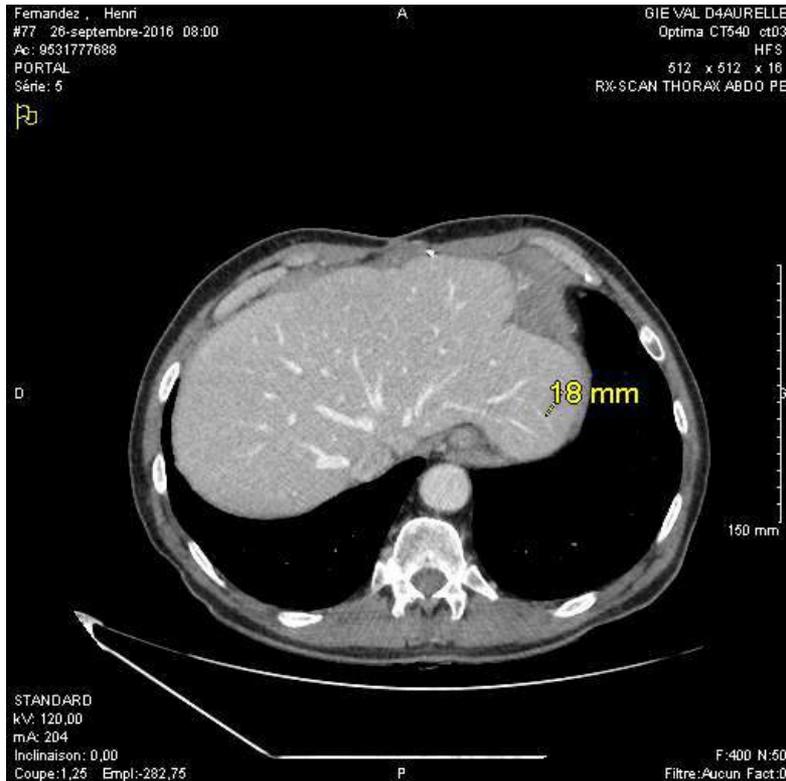
- 3rd line chemo: FOLFIRI+Bevacizumab – 4 cycles
- November 2015: echo-guided surgery
  - No peritoneal carcinomatosis
  - Missing meta in segm Ivb
  - Wedge resections segm III and V + left adrenalectomy
- Pathology: 30% histological response Blazer 1; unconfirmed adrenal metastasis

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



# 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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