Case 1

- BA is a 59 year old bank executive with history of hypertension
  - one week history of off and on bleeding per rectum
  - No alteration in the bowel habits
- Colonoscopic exam
  - a mass about 5-6 cm from the anal verge
- Biopsy
  - Moderately well differentiated adenocarcinoma
- Staging MRI
  - T3 lesion with no suspicious mesorectal or pelvic side wall lymph node, circumferential margin >3 mm.
  - Clinical stage T3N0.
- Staging CT chest, abdomen and pelvis
  - No distant metastases.

- Treatment
  - 5 weeks long course of combination of capecitabine (5 days/week) and radiation therapy
  - anterior resection 6 weeks after completion of CRT
- Pathology
  - yPT0N0 disease with complete pathological response

What is your recommendation be regarding adjuvant chemotherapy?

- 8 cycles (4 months)of adjuvant FOLFOX
- 6 cycles of adjuvant capecitabine
- 4 cycles of bolus 5FU/leucovorin
- 8 cycles of infusional 5FU/leucovorin
- No adjuvant chemotherapy

Case 2

- GH is 65 year old healthy information technologist
  - off and on rectal bleeding for one week
  - altered bowel habit for the past 3-4 weeks
- Colonoscopic exam
  - a mass within 5 cm from the anal verge.
  - Biopsy was positive for adenocarcinoma. RAS status (including KRAS) is not known.
- MRI exam of the pelvis
  - T3N1 disease (suspicious mesorectal nodes, circumferential margin >3 mm).

- Staging CT chest, abdomen and pelvis
  - Multiple metastatic lesions involving the right lobe of the liver.
- MRI of the liver
  - At least 5 metastatic lesions all involving the right liver lobe.
- Multidisciplinary team round
  - Hepatobiliary surgeon.....resectable disease

Questions

- Preoperative chemotherapy ± biologics versus preoperative chemoradiation?
- Staged versus combined?
- If staged metastasectomy first versus resection of primary tumor?
- Optimal duration of chemotherapy (pre and post operative)?
- Role of biologics before and after resection?
- Optimal chemotherapy regimen and biologics?

Case 3

- ED is a 63 year old secretary who presented with
  - acute onset of nausea and vomiting for the past six hours
  - one week history of severe constipation and off and on abdominal pain.
- CT scan of abdomen and pelvis
  - Obstructive sigmoid colon cancer with multiple bilateral liver metastases .
- Colonoscopic exam
  - obstructive tumor at 20 cm from the anal verge
- Treatment
  - Palliative resection of primary tumor

- Treatment
  - Palliative resection of primary tumor
  - Commenced on FOLFIRI plus bevacizumab
- As per hepatobiliary cancer surgeon the disease is not resectable.
- Re-stage (post-six cycle CT scan)
  - >30% reduction in tumor volume but the disease is not resectable.
- 6 additional cycles of FOLFIRI/bevacizumab & post 12 cycle CT scan
  - No significant changes in the liver lesions
  - No extra-hepatic disease was noted.

- ED tolerated treatment fairly well
  - grade 1 diarrhea
  - Grade 1 fatigue in first 3-4 days of treatment
- She has inquired about the role of liver directed therapy.

Question

- Currently is there a role of liver directed therapy (arterial embolization) in unresectable liver confined disease in combination with systemic therapy?