

Successful Treatment of Metastatic Rectal Adenocarcinoma: A Case Report

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Received Date: September 11, 2017; Accepted Date: October 06, 2017; Published Date: October 16, 2017

Citation: Szentesi A, Gorka E, Papai Z (2017) Successful Treatment of Metastatic Rectal Adenocarcinoma: A Case Report. J Oncopathol Clin Res. Vol. 1 No. 1:03.

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Abstract

First-line treatment of panitumumab (Pmab) plus FOLFOX or Pmab plus FOLFIRI demonstrated improved outcomes in patients with wild-type-KRAS metastatic colorectal cancer (CRC) and liver-limited disease.

We report a case of a 41 year-old man with a KRAS wild-type CRC with multiple liver metastases who received first-line Pmab plus FOLFOX4 in 2014. After 5 cycles, remarkable tumor shrinkage was observed in the liver as only one reduced sized metastasis could be detected. Liver metastasectomy and after a definitive radiotherapy for the primary tumor, rectosigmoidal resection were performed. Half, then one year later two more liver metastasectomies were needed because of recurrency of the liver lesions.

The patient has been tumor-free for 1.5 years due to the first-line Pmab plus FOLFOX4 treatment followed by well-decided surgical resections. We consider this case as a successful treatment with a 40 months follow-up, exceeding the literature median OS data of 23.9 months.

Keywords: FOLFOX; FOLFIRI; Panitumumab; Metastatic colorectal cancer

Background

Colorectal cancer (CRC) is the third most common cancer worldwide, with up to 1 million new cases diagnosed each year [1].

Adjuvant chemotherapy for patients with CRC is an internationally accepted standard of care to prolong survival. Preoperative chemotherapy is reported to improve outcome of CRC with liver metastases according to recent studies [2,3].

Panitumumab (Pmab) is an epidermal growth factor receptor (EGFR)-targeted monoclonal antibody. The additional

Pmab to FOLFOX4 chemotherapy was proved to be superior to FOLFOX4 chemotherapy alone as first-line treatment of patients with metastatic CRC, regarding efficacy outcomes in the PRIME clinical trial [4]. Pmab also prolonged survival when added to FOLFIRI according to another randomized Phase 3 study [5].

Here we report a case of a CRC with liver metastases and wild-type KRAS where we could achieve successful outcome with the use of first-line Pmab plus FOLFOX4 followed by surgical resections.

Case Presentation



Figure 1: MRI of the liver metastases before treatment.

The 41 year old male patient presented with rectal bleeding in April 2014. He had a negative medical history. Colonoscopy and biopsy was performed and CRC was diagnosed. Staging contrast-enhanced computed tomography (CT) scan visualized two suspect lesions in the liver, then magnetic resonance

imaging (MRI) revealed 5 liver metastases of CRC with diameters ranged between 0.5-2.5 cm (**Figure 1**). Meantime the patient was characterized for wild-type KRAS and NRAS mutational status.

First-line Pmab plus FOLFOX4 therapy was initiated in May 2014. After the third cycle, control MRI showed remarkable regression with only one detectable liver metastasis of 0.9 cm in the right lobe (**Figure 2**). After having 5 cycles of Pmab plus FOLFOX4 therapy liver metastasectomy was carried out: a nearly total, right hepatectomy (total S6, S7, partial S5, S8 segmentectomy), S4 metastasectomy and cholecystectomy, as we applied liver first approach. Histopathology confirmed adenocarcinoma metastases of colorectal origin. Afterwards 50.4 Gy definitive chemoradiation (CIFU) was given for the primary tumor and 3 months later rectosigmoidal resection was performed. The final staging was T3N0M1, according to the TNM classification of the Union for International Cancer Control.



Figure 2: MRI of the liver metastases after the 3rd cycle of panitumumab plus FOLFOX4 therapy.

In the course of the adjuvant FOLFOX4 treatment, CT scan suggested a soliter recurrency, so a second hepatic metastasectomy, an atypical liver resection was needed in August 2015. Then the patient refused the offered postoperative adjuvant FOLFOX4 chemotherapy and any

further chemotherapies because of the previously experienced treatment-related Gr2 skin side effect.

Half year and 2 negative CT scans later, duplex hepatic metastases were verified by imaging studies, these were resected in April 2016, in the frame of the third liver metastasectomy. According to the follow-up CT scans the patient has been tumor-free for 1.5 year and has been in good condition so far.

In conclusion, our case confirmed the need for the effective first-line Pmab plus FOLFOX treatment followed by the repeated liver metastasectomy.

Conclusion

Pmab plus FOLFOX combined chemotherapy plays an important role for metastatic CRC cancer and our observations support the clinical benefit of their first-line use. Our patient has been surviving for 40 months due to the first-line Pmab plus FOLFOX4 treatment followed by surgical resections, exceeding the literature median OS data of 23.9 months.

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