

Transcript Details

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The Standouts: One Colorectal Cancer Patient's Story

Announcer:

This is ReachMD, and you are listening to *Conversations on Colorectal Cancer*, sponsored by Lilly.

Host:

Coming to you from the ReachMD studios, I'm Dr. Matt Birnholz. On this episode, we spoke with Dr. Edmond Bendaly, Medical Oncologist at Marion General Hospital. Dr. Bendaly chronicles the story of a patient's journey with colorectal cancer, which has stood out over the course of his career. Here's what he shared with us from his office in Marion, Indiana.

Dr. Bendaly:

I first met the patient around almost 5 years ago now, in January of 2014, when they were referred to me after presenting with left-sided abdominal pain, fevers, blood in the stool, a significant change in their bowel habits. They described pencil-thin stools. They underwent a colonoscopy at that time, and unfortunately, that revealed a left-sided colonic mass. It was biopsy-proven to be colon cancer. At that time a CT of the abdomen, pelvis, confirmed a nearly obstructing apple core lesion with suspicious neighboring lymphadenopathy.

The patient underwent surgery in May of that year. They had resection of the tumor, and intraoperatively they were noted to have suspicious lesions in the liver. Those lesions were biopsied, and, unfortunately, there was evidence of metastatic disease to the liver. At that time the tumor was profiled, and it was negative for the RAS mutation, KRAS and NRAS. It was also wild type for the RAS mutation, and it was proficient in mismatch repair proteins, meaning the microsatellite table.

Given the presence of metastatic colorectal cancer to the liver with the RAS wild type profile, we decided to proceed with FOLFIRI-based chemotherapy and EGFR monoclonal antibody cetuximab. The patient was treated with a total of 6 cycles of chemotherapy, following which a follow-up PET scan was done, and at that time there had been a remarkable response with only 2 of the 8 total liver metastases visualized only 3 months later. At that time we decided to continue and complete the plan for 6 months of chemotherapy, following which a follow-up PET scan was done, which luckily continued to show a further decrease in size. At that time with this great response, the disease was deemed to be resectable, and the patient was referred to undergo metastasectomy. By then we were in January 2015, and they recovered very well from the surgery.

They had a follow-up PET scan in March of that year, and there was no evidence of disease. Given that very exciting finding, we decided to continue chemotherapy for 3 more months with FOLFIRI and cetuximab, and in July 2015, a follow-up PET scan continued to be with no evidence of disease. With that, the recommendation was for close surveillance with serial imaging every 3 months.

Unfortunately, in October 2015, a follow-up PET scan showed the disease relapsed in the liver, and with those findings we decided to re-challenge with FOLFIRI and cetuximab, and fortunately, we were able to achieve resolution of liver metastases again on a follow-up PET scan in January 2016. And to this day they remain on therapy with no evidence of disease recurrence almost 5 years from diagnosis.

So I thought I would share this case with you. It really illustrates the continuum of care that can sometimes spare years. This is a perfect example where a frontline option with various surgical interventions and close monitoring for side effects was and remains to be very successful for this particular patient.

Host:

That was Dr. Edmond Bendaly sharing a unique case history of a patient with colorectal cancer. For ReachMD, I'm Dr. Matt Birnholz, thank you for listening.

Announcer:

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