CASE STUDIES
AND
PANEL DISCUSSION
Case 1
Case 1

• 77 y/o male with guiac-positive stools
• ECOG = 1
• Colonoscopy shows transverse colon mass
  – Adenocarcinoma
• PMH: CKD (CR 2.8)
  • CT scan without contrast shows mid transverse colonic mass, and solitary right hepatic lobe mass (1.8 x 1.4 cm)
What is the chosen next step?

1. PET/CT
2. MRI of the liver
3. Biopsy of the liver lesion
4. CEA
5. Let us just operate and be done
What is the chosen next step?

1. PET/CT
2. MRI of the liver
3. Biopsy of the liver lesion
4. CEA
5. Let us just operate and be done
Transverse colon mass
SUV = 15.4

Solitary hepatic mass
SUV = 12.5
Your treatment plan will be:

1. Concomitant surgical resection followed by some adjuvant therapy

2. Neoadjuvant chemotherapy followed by concomitant surgical resection and adjuvant therapy (EORTC 40983)

3. Liver directed therapy followed by hemicolecctomy followed by additional adjuvant therapy
Your treatment plan will be:

1. Concomitant surgical resection followed by some adjuvant therapy

2. Neoadjuvant chemotherapy followed by concomitant surgical resection and adjuvant therapy (EORTC 40983)

3. Liver directed therapy followed by hemicolecotomy followed by additional adjuvant therapy
What chemotherapy should you use?

1. 5-FU
2. FOLFIRI
3. FOLFOX
4. FOLFIRI or FOLFOX plus bevacizumab
5. FOLFIRI or FOLFOX plus cetuximab or panitumumab (if KRAS wild-type)
6. FOLFOXIRI plus bevacizumab
What chemotherapy should you use?

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Case 2
Case 2

- 48 y/o female with abdominal discomfort
- ECOG = 0
- Upper endoscopy: ulcer in the greater curvature
- Pathology: invasive poorly differentiated signet ring adenocarcinoma; mucin-producing
Esophagogastroduodenoscopy

Signet Ring Adenocarcinoma

Large cratered ulcer
What will you do next?

- EUS
- CT scan
- PET/CT
- Laparoscopy
- Check HER-2 neu
- All of the above
What will you do next?

- EUS
- CT scan
- PET/CT
- Laparoscopy
- Check HER-2 neu
- All of the above
Invasion of muscularis propria up to suberosa.
No regional LAD identified

CT shows no evidence of metastatic disease

Clinical Stage IIA (T3N0)
So would you recommend:

1. Surgery first followed by adjuvant therapy *(Macdonald Regimen)*?

2. Perioperative chemotherapy then surgery *(MAGIC Trial)*?

3. Surgery first followed by adjuvant XELOX *(CLASSIC)*?

4. Trastuzumab plus chemotherapy then surgery? *(Salem’s made up regimen)*
So would you recommend:

1. Surgery first followed by adjuvant therapy (Macdonald Regimen)?

2. Perioperative chemotherapy then surgery (MAGIC Trial)?

3. Surgery first followed by adjuvant XELOX (CLASSIC)?

4. Trastuzumab plus chemotherapy then surgery? (Salem’s made up regimen)
Laparoscopy shows low volume peritoneal disease; gastric resection was abandoned
What next with a PS of 0 and good organ function?

1. ECF
2. DCF
3. EOX
4. Cisplatin/5-FU + trastuzumab
5. FOLFIRI
6. mFOLFOX6 + ramucirumab
7. mFOLFOX6 + bevacizumab
8. Radical resection, peritonectomy and HIPEC
Case 3
Case 3

• 62 y/o male with chronic hepatitis C and cirrhosis
• PMH: HTN, excess alcohol, and smoking
• Surveillance ultrasound shows 2 liver lesions
• MRI shows 3 liver lesions
Will you do a liver biopsy?

1. Yes
2. No
Will you do a liver biopsy?

1. Yes
2. No

U/S guided biopsy: Hepatocellular cancer
Further evaluations

- AFP = 12
- Albumin = 3.2
- Bilirubin = 0.5
- INR = 0.96
- Platelets = 93
- No ascites
- No encephalopathy

Child Pugh Class A (score 6)
HCC (Child Pugh Class A)
Would you recommend:

1. sorafenib?
2. TACE?
3. radioembolization?
4. liver resection?
5. ablation?
6. stereotactic body radiotherapy?
7. evaluation for liver transplant?
HCC (Child Pugh Class A)  
Would you recommend:

1. sorafenib?  
2. TACE?  
3. radioembolization?  
4. liver resection?  
5. ablation?  
6. stereotactictic body radiotherapy?  
7. evaluation for liver transplant?
Following liver transplant evaluation:

• He is a candidate
.....but he has to wait
What will you do while waiting?

1. Radioembolization
2. TACE
3. Bland embolization
4. Sorafenib (Nexavar)
5. Pray
What will you do while waiting?

1. Radioembolization
2. TACE
3. Bland embolization
4. Sorafenib (Nexavar)
5. Pray
Radioembolization in 12/2013

Post-radioembo 1/2013

Post-radioembo 5/2013
Transplant was performed 9 months after the first detection of liver lesions
What will you do post-transplant?

1. Provide supportive care/watchful waiting
2. Give adjuvant sorafenib (Nexavar)
The chances of survival at 5 years are:

1. 10%?
2. 20%?
3. 30%?
4. 40%?
5. 50%?
6. 60%?
7. 70%?
8. 80%?
Case 4
Case 4

- 73 y/o healthy female
- Comes for a third opinion
- Abdominal discomfort and obstructive jaundice
- Performance status = 1
- Very anxious! Wants everything to be done especially surgical resection
CT scan of the chest and abdomen was performed:

Biopsy = adenocarcinoma of the pancreas
CA 19-9 = 270
Lung CT shows few nodules
What is your plan?

1. Immediate curative surgery
2. Surgery is never an option, she has metastatic lung disease
3. Pre-operative gemcitabine plus nab-paclitaxel followed by curative surgery
4. Pre-operative FOLFIRINOX followed by curative surgery
5. Pre-operative chemo-radiotherapy
What is your plan?

1. Immediate curative surgery
2. Surgery is never an option, she has metastatic lung disease
3. Pre-operative gemcitabine plus nab-paclitaxel followed by curative surgery
4. Pre-operative FOLFIRINOX followed by curative surgery
5. Pre-operative chemo-radiotherapy
Post-treatment evaluation
Thank you!