

# My Approach to a Patient with Metastatic Colorectal Cancer

Daniel B. Brown, MD FSIR

CRC Tumor Board

Professor of Radiology and Biomedical Engineering

Vice-Chair, Innovation and Clinical Research

Director, Interventional Oncology

Vanderbilt University Medical Center

# Disclosures

Consultant – Becton-Dickinson, Sirtex

Grant/Research Support – Sirtex, Boston Scientific

*Brand names are included in this presentation for participant clarification purposes only. No product promotion should be inferred.*

52 YO AA Male

Rectal cancer Dx 12/2015

Simultaneous lung/liver mets

KRAS wild type/MSS

Rectal XRT then FOLFOX 2 months: PD

XRT for lytic femoral metastasis

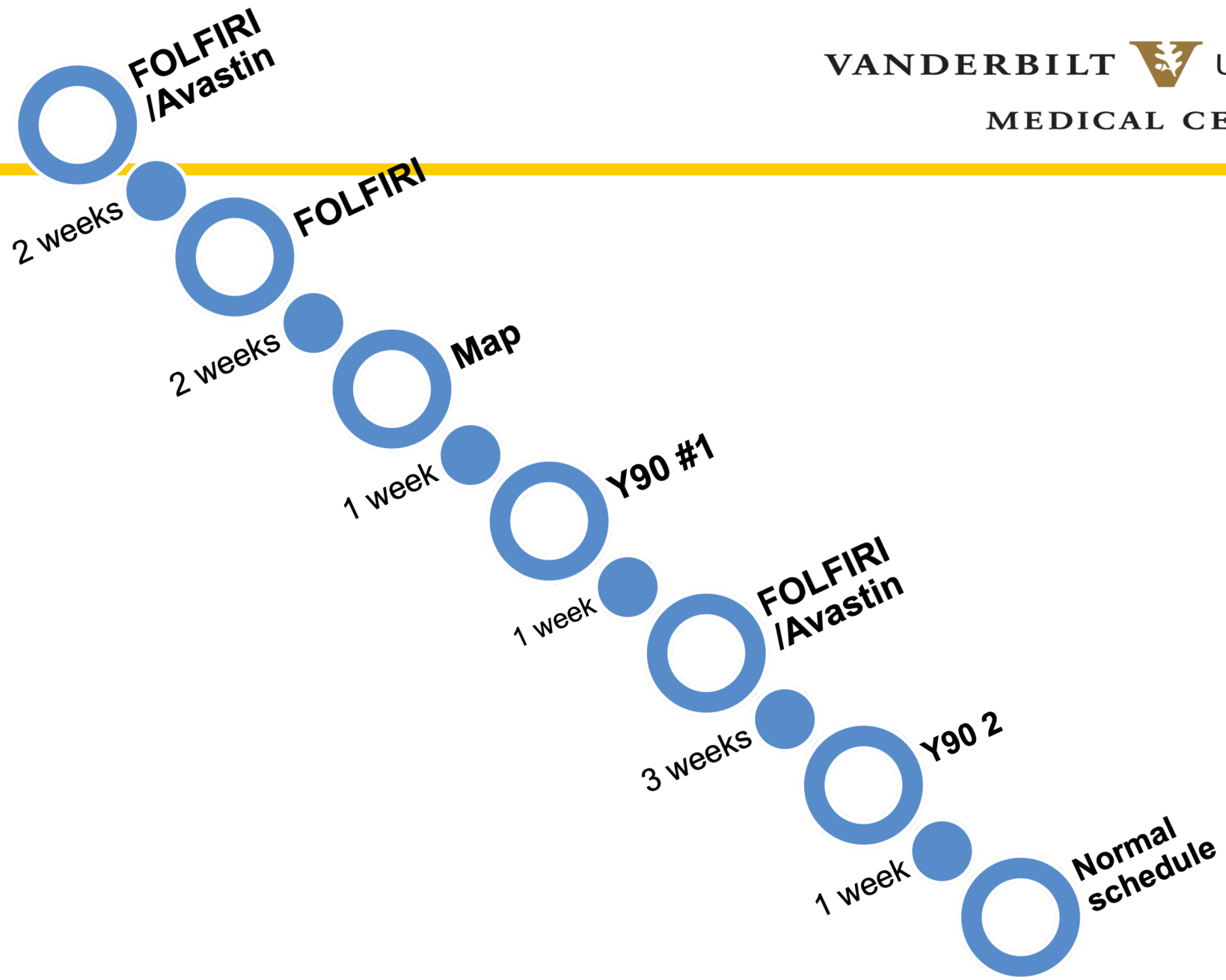
FOLFIRI 12 cycles, PD on maintenance

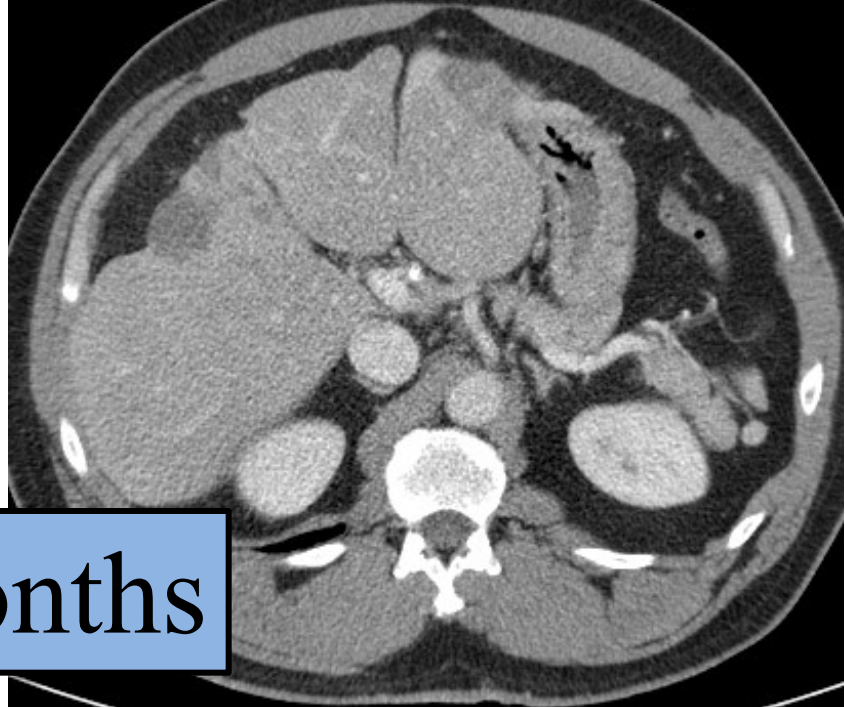
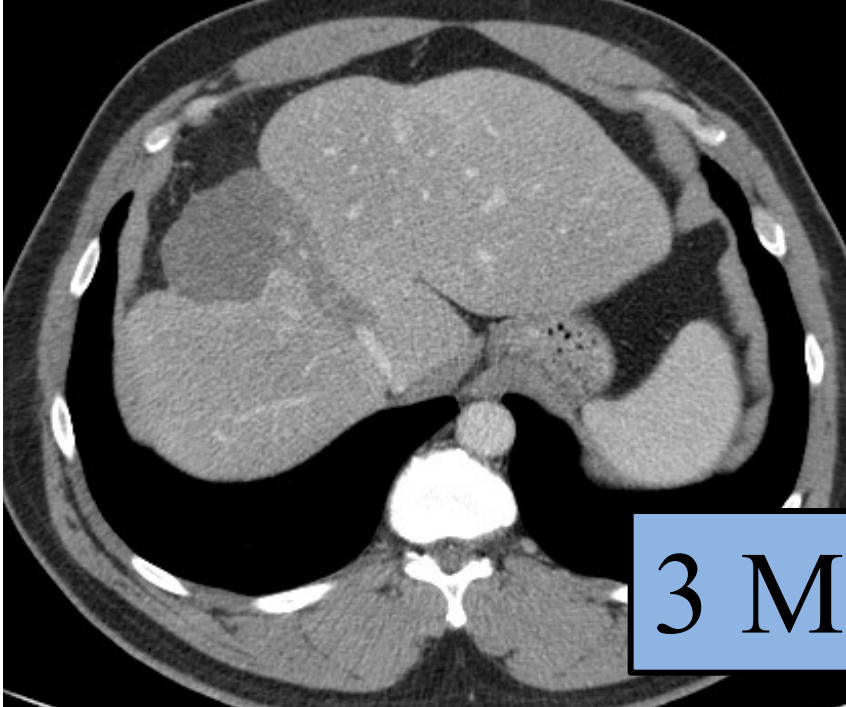
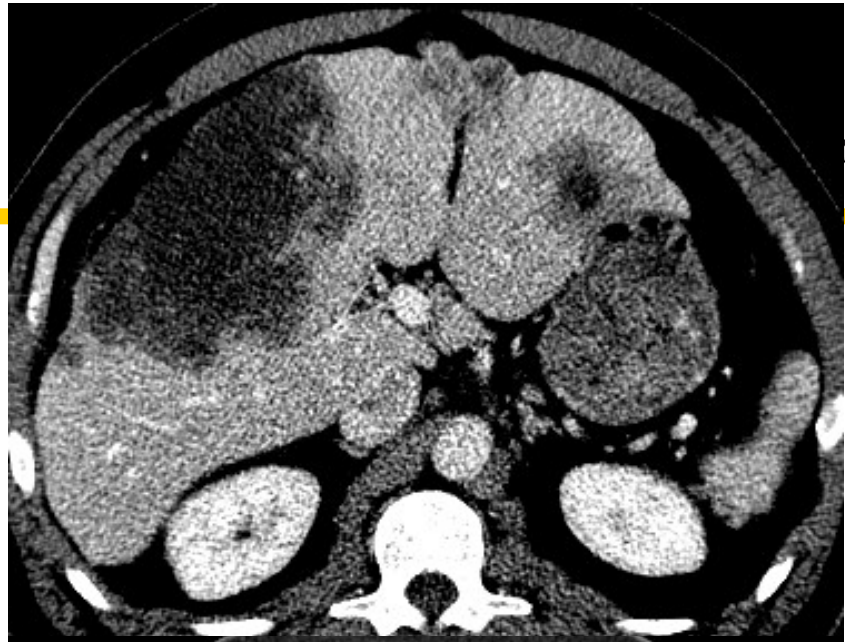
Refer to IR

Pt back on FOLFIRI  
Replaced a cycle with Y90



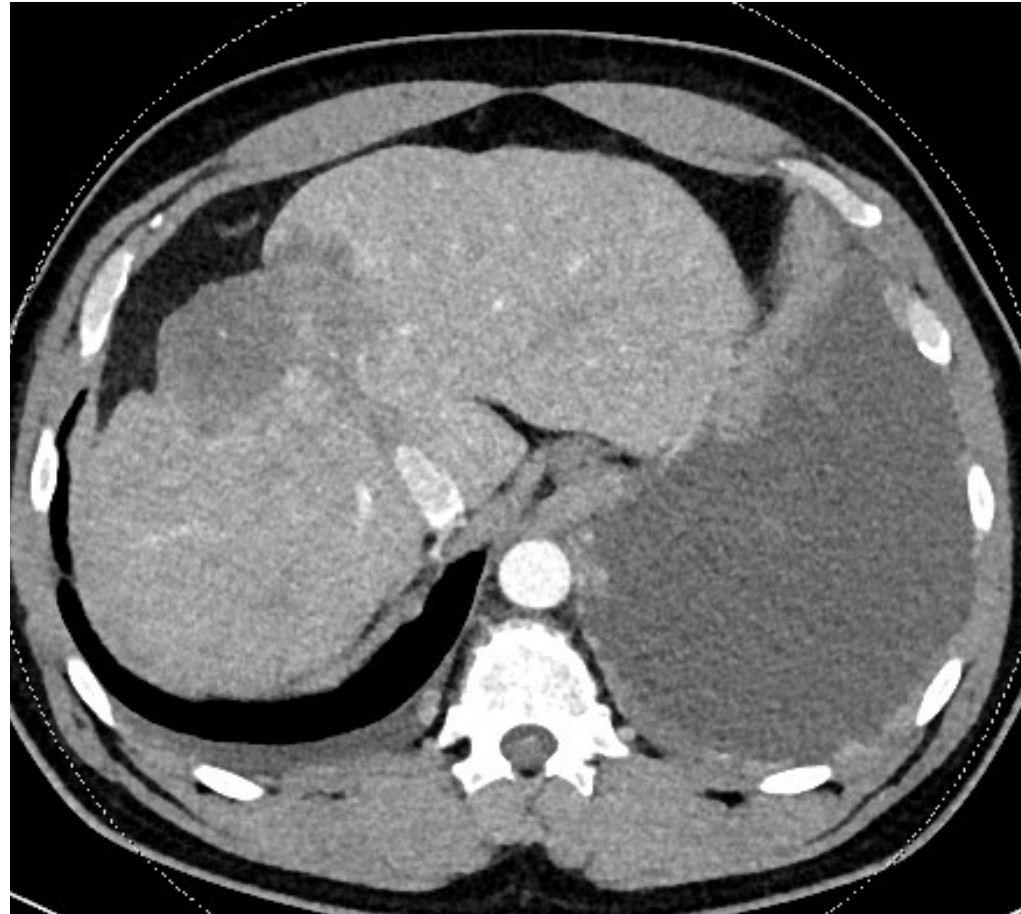






3 Months

# 6-Month Return to Clinic: Increased Dyspnea



87 YO female

3/2015: Left CRC resected OSH

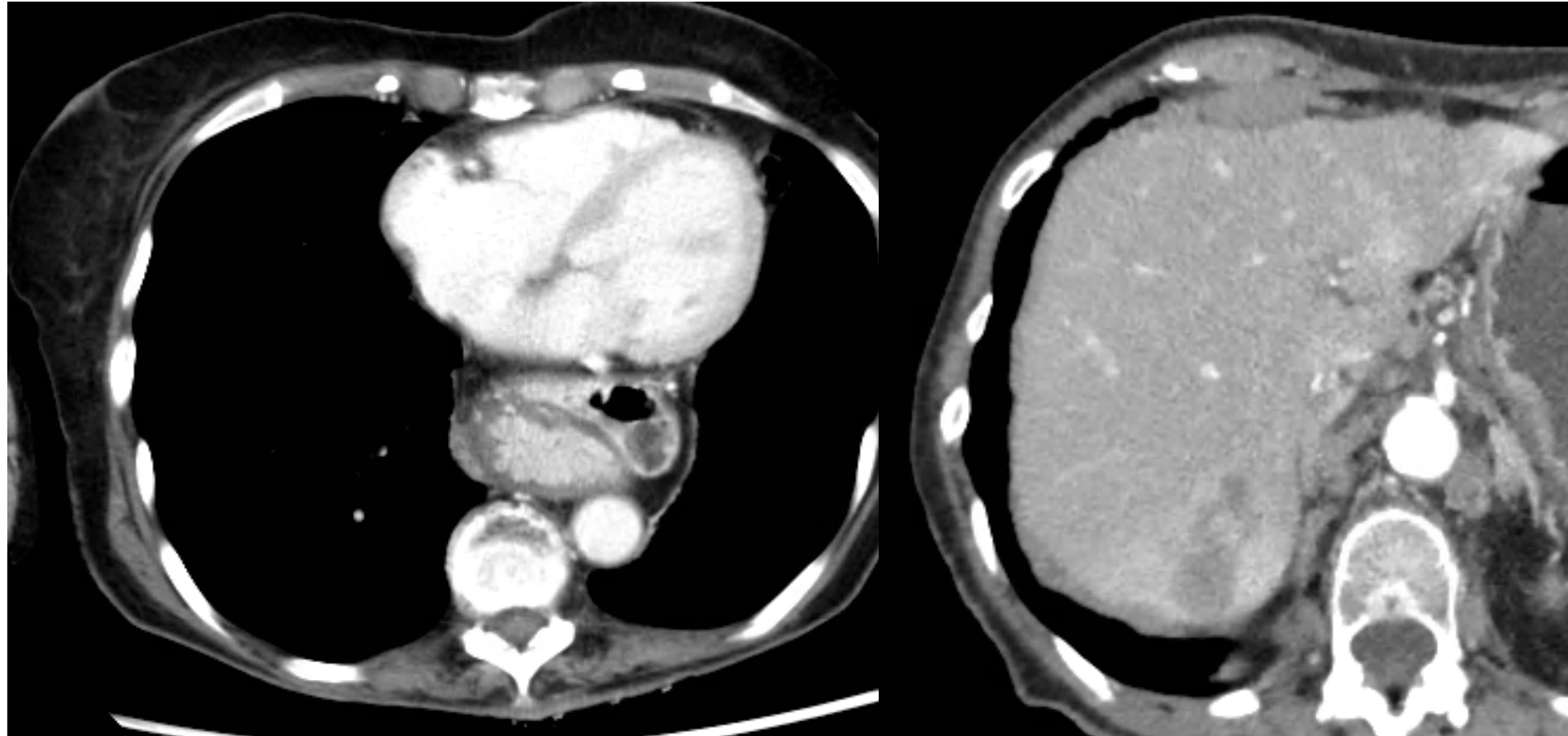
Stage II, no adjuvant therapy given

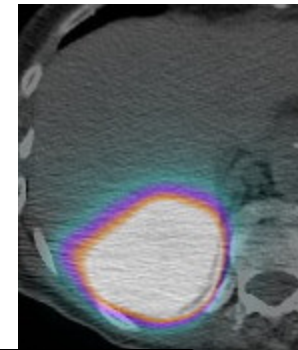
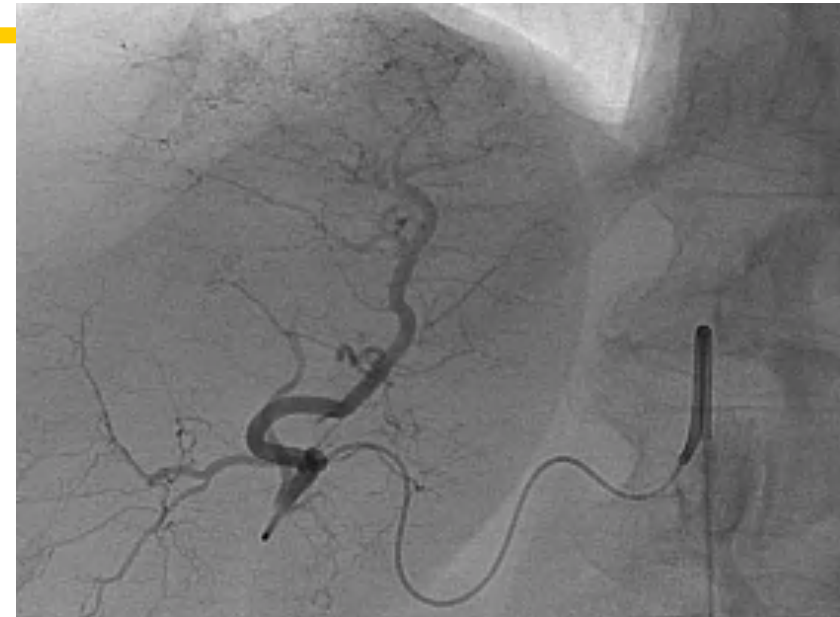
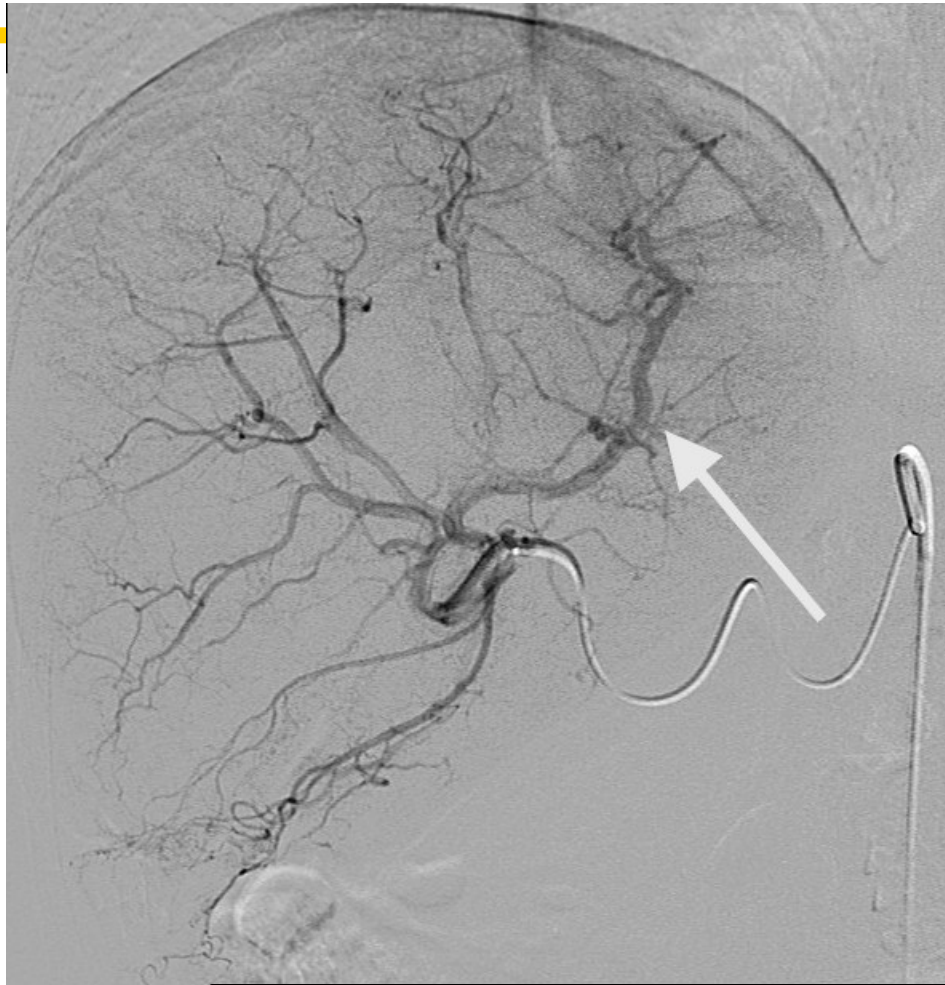
12/2016: 4 cm liver metastasis identified

6 cycles FOLFOX prior to resection

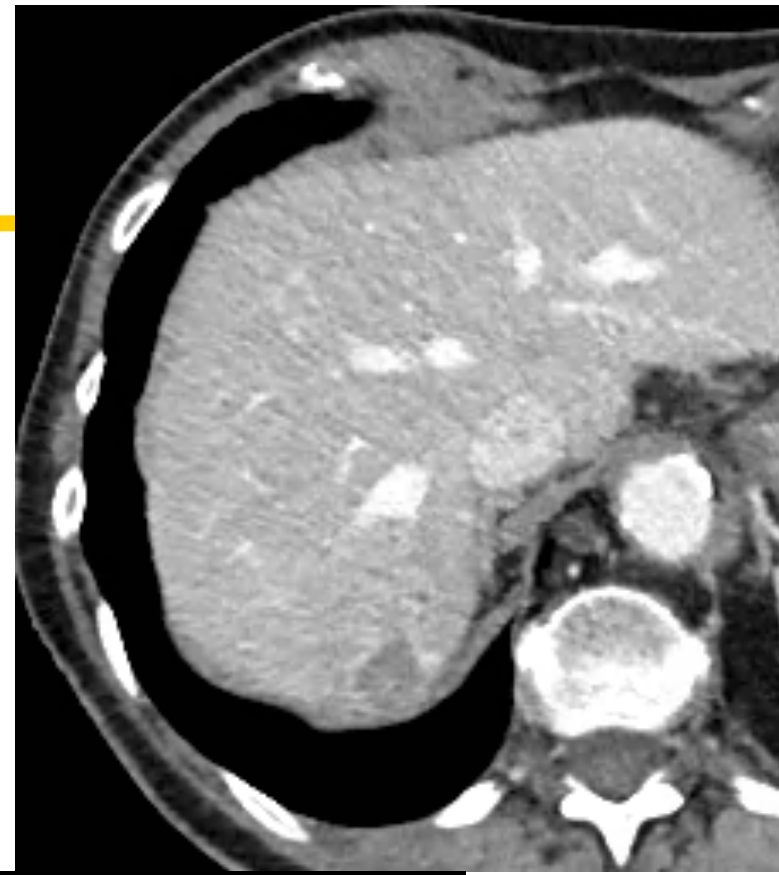
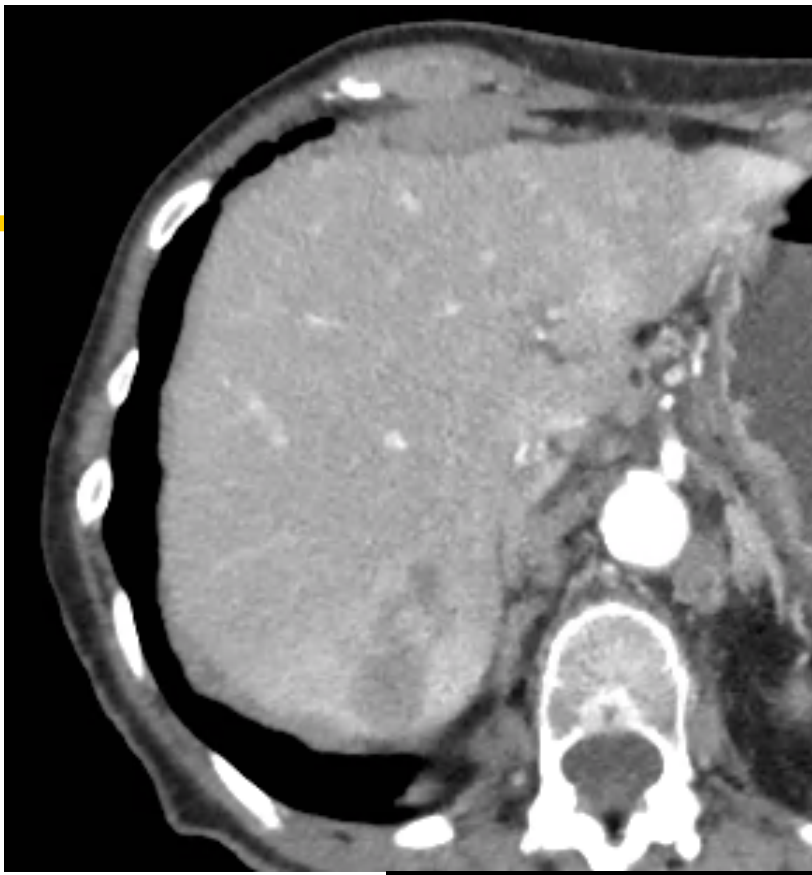
Pt complaining of nausea/dysphagia







Plan: Repair Paraesophageal Hernia  
LRT test of time. Allow resection after recovery



| MIRD   | Dose     | Activity       |
|--------|----------|----------------|
| Tumour | 180.9 Gy | 0.5 GBq        |
| Liver  | 45.2 Gy  | 0.1 GBq        |
| Lung   | 2.0 Gy   | 0.0 GBq        |
| Total  |          | <b>0.6 GBq</b> |



**57 YO F:**

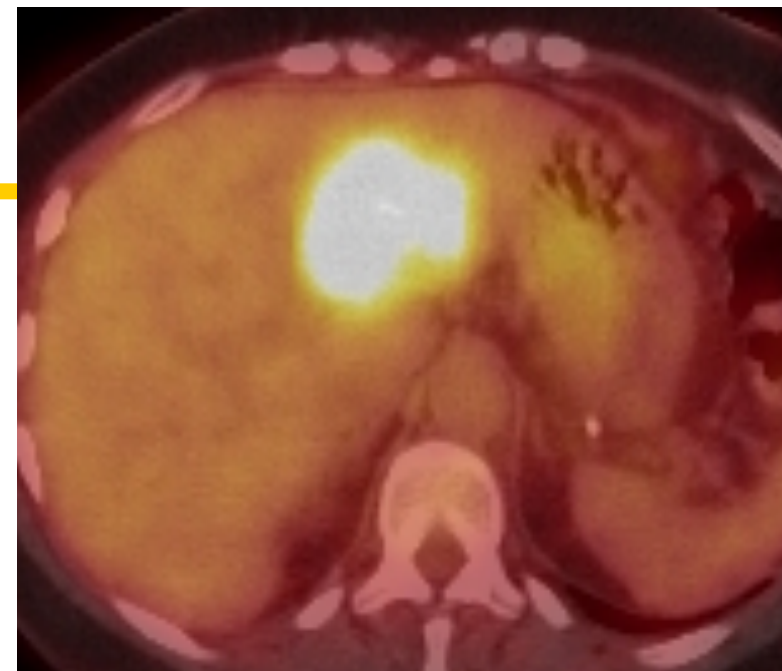
Synchronous met  
Stable disease after FOLFOX

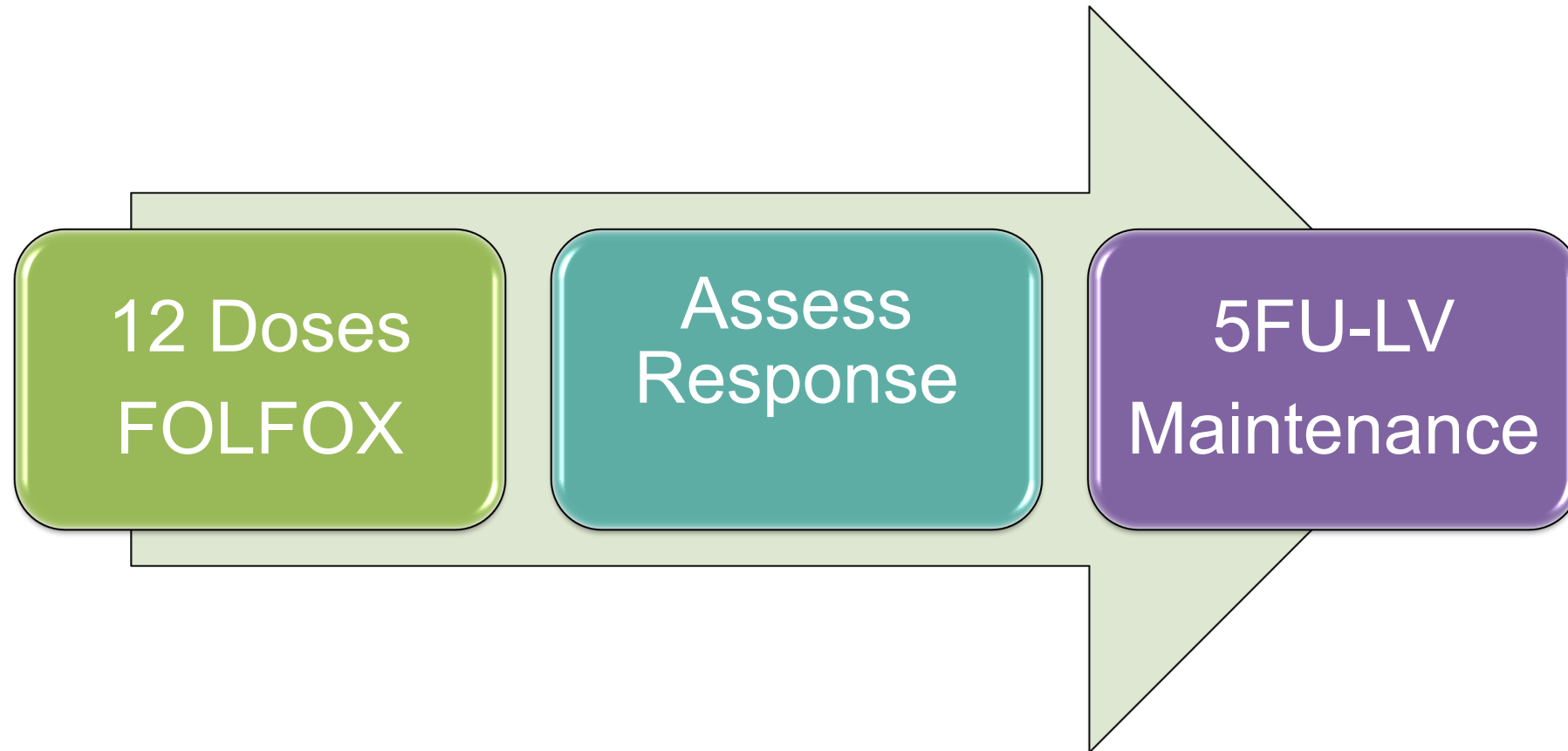
MSS

KRAS Wild Type

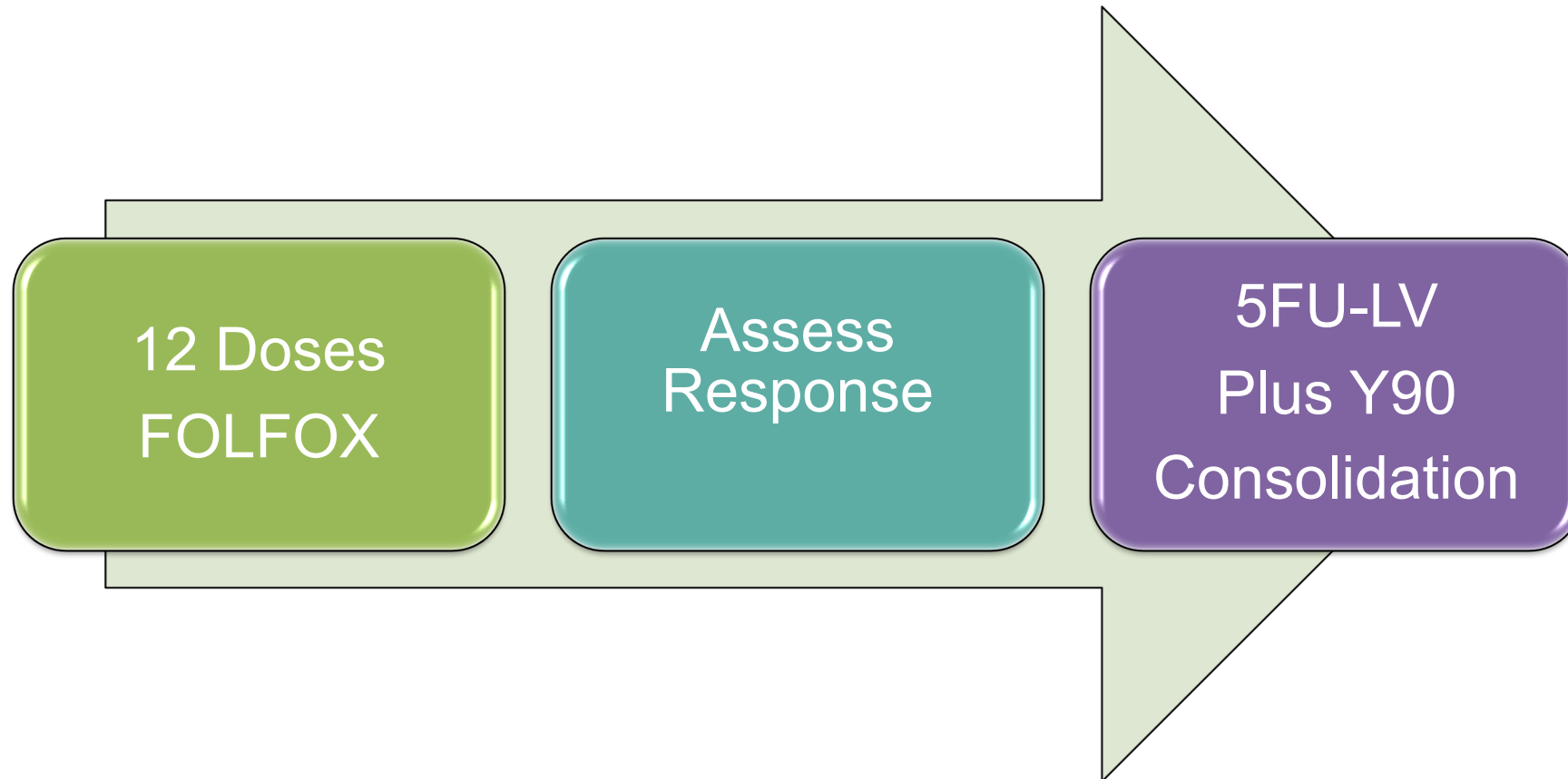
**CEA 63**

Referred for consideration  
of LRT to boost  
first-line response

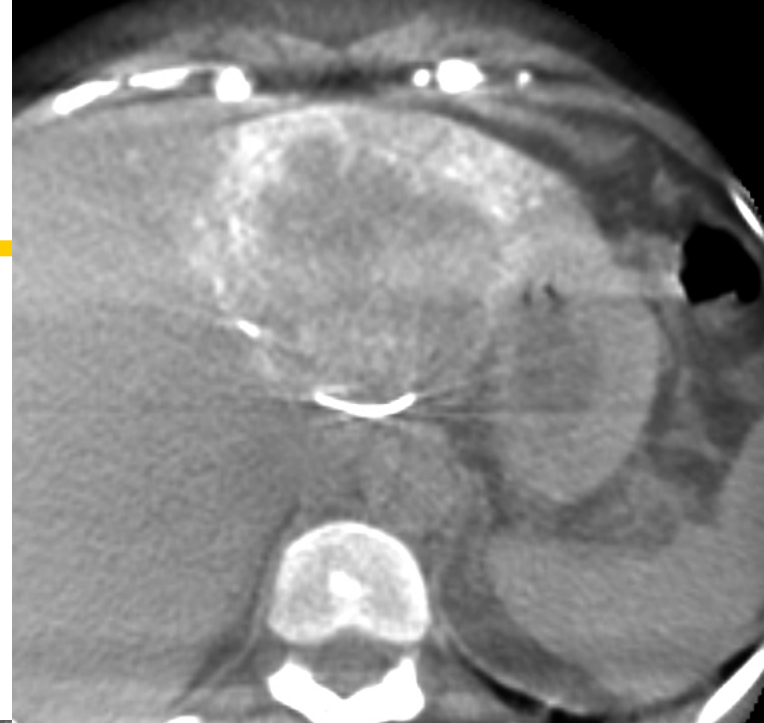




**Original Treatment Plan**

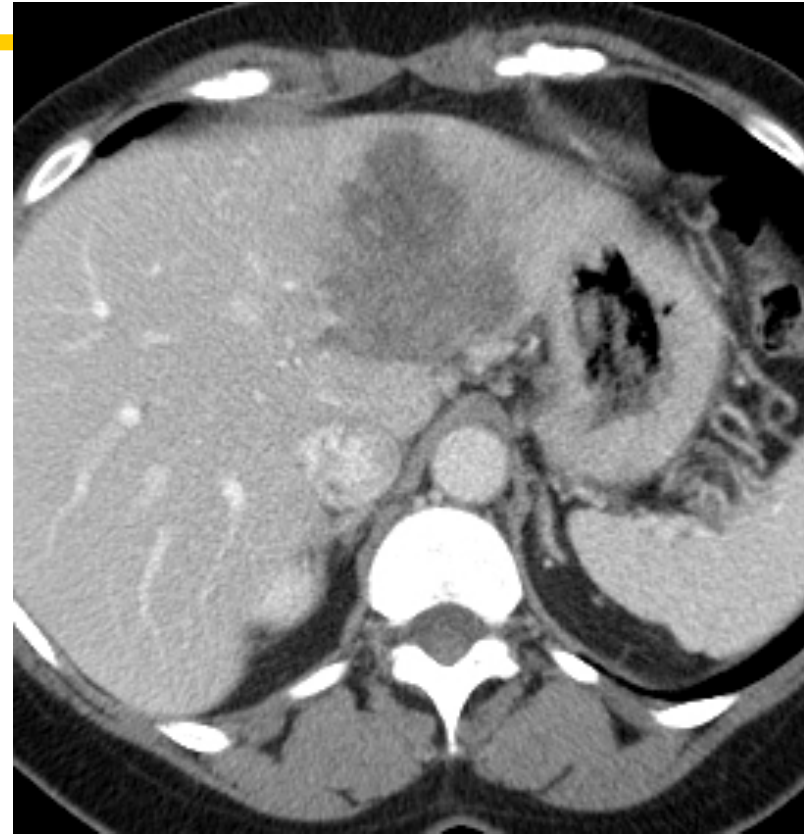


**Modified Treatment Plan**



Treated  
on  
5-FU

## 2-Month CT Scan



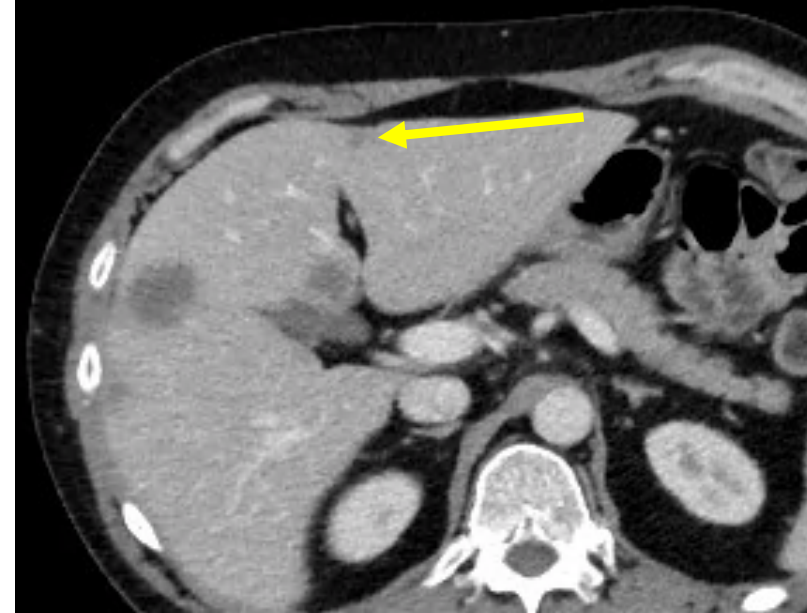
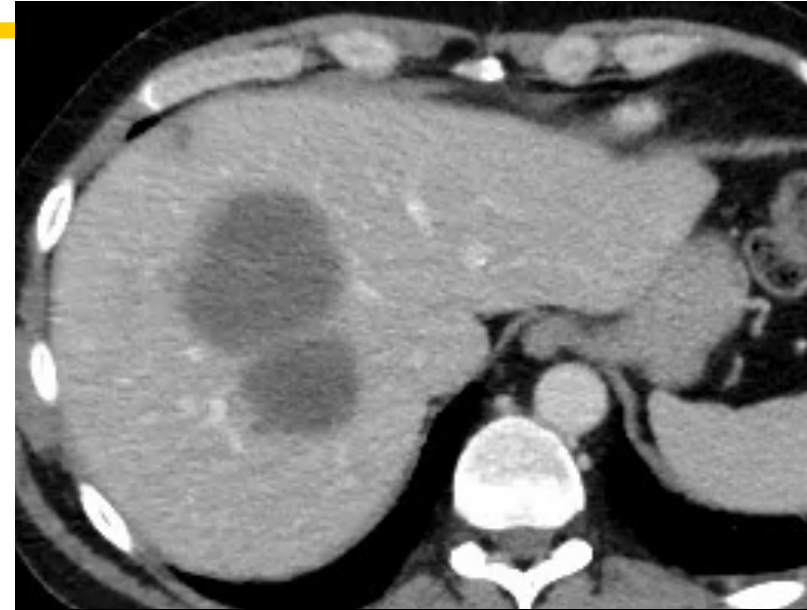
CEA: 63 → 9

Maintenance Continued for 11 Months



# 38-Year-Old Male

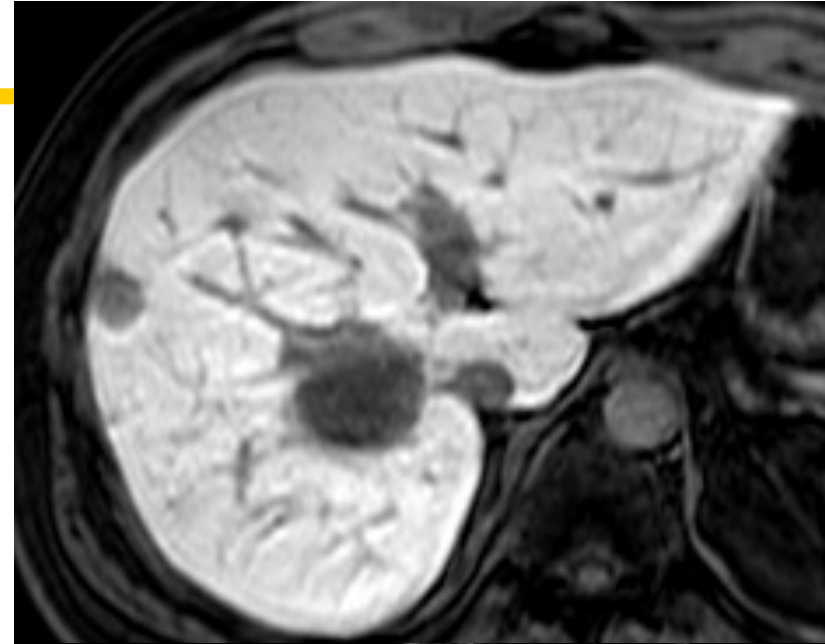
2017:  
Abd Pain  
Abnormal LFTs  
PET IDs sigmoid primary  
MSS, RAS/RAF Wild Type  
12 cycles FOFIRI  
On/off Avastin for proteinuria



ALPPS 4/30/18 including  
LLS wedge

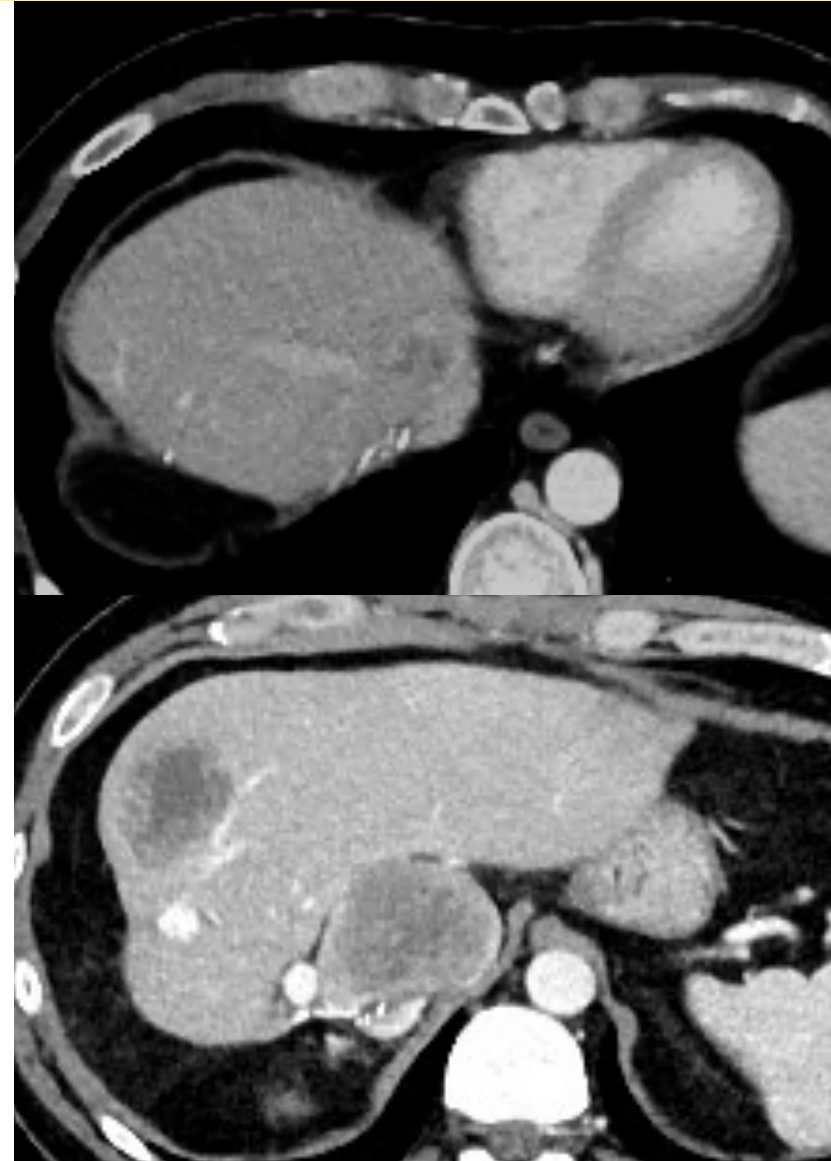
2nd portion 5/8/18

Colectomy/loop ileostomy  
7/18

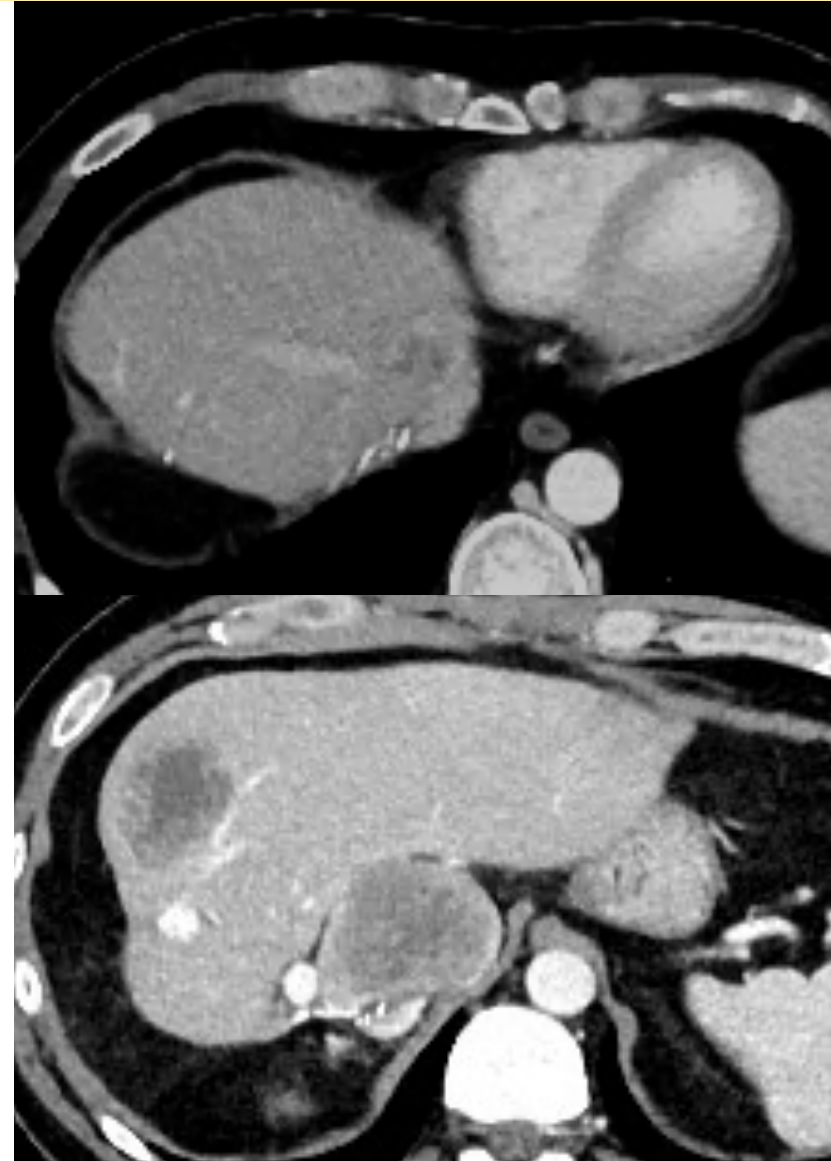




10/18: first post-op scan



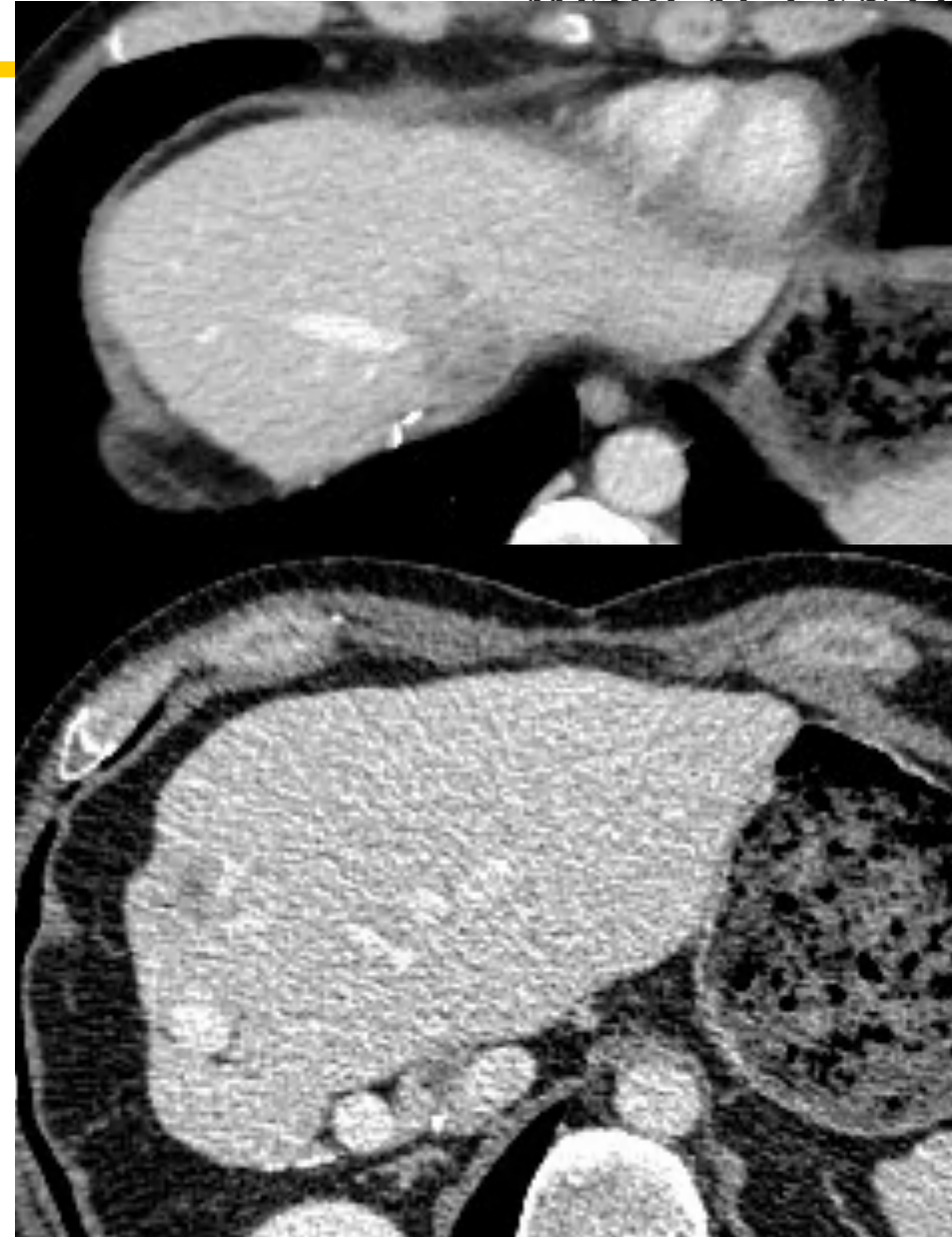
10/18: First post-op scan  
FOLFIRI 11/18→  
Progressed on therapy 12/18  
  
FOLFOX progressed 5/19  
  
Panitumumab 8/19

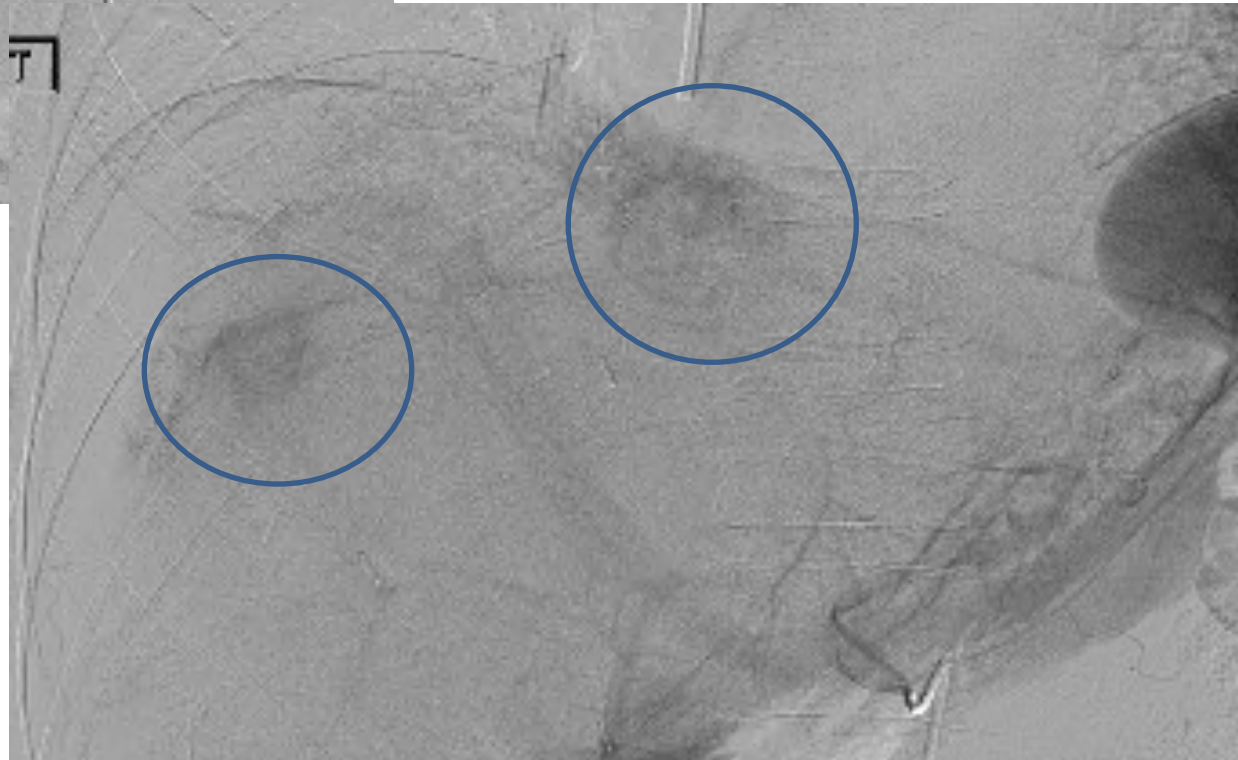
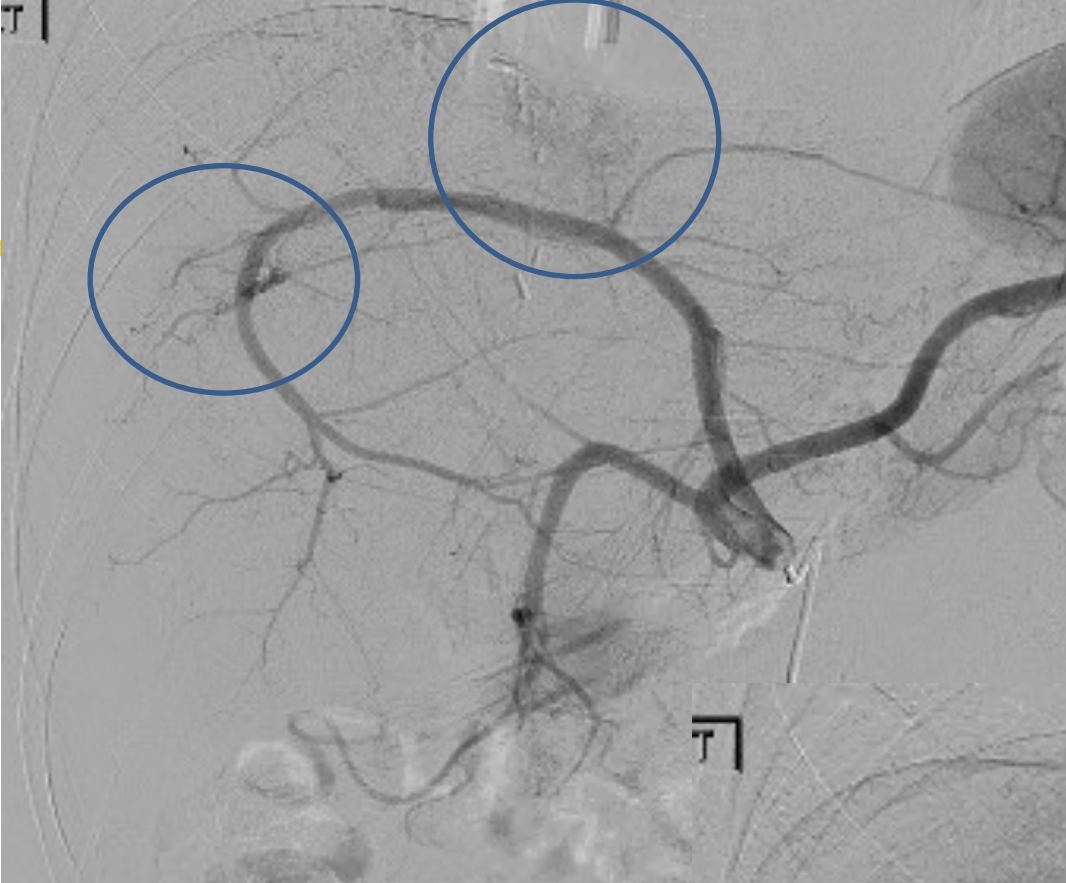


Referred to IR 9/19:

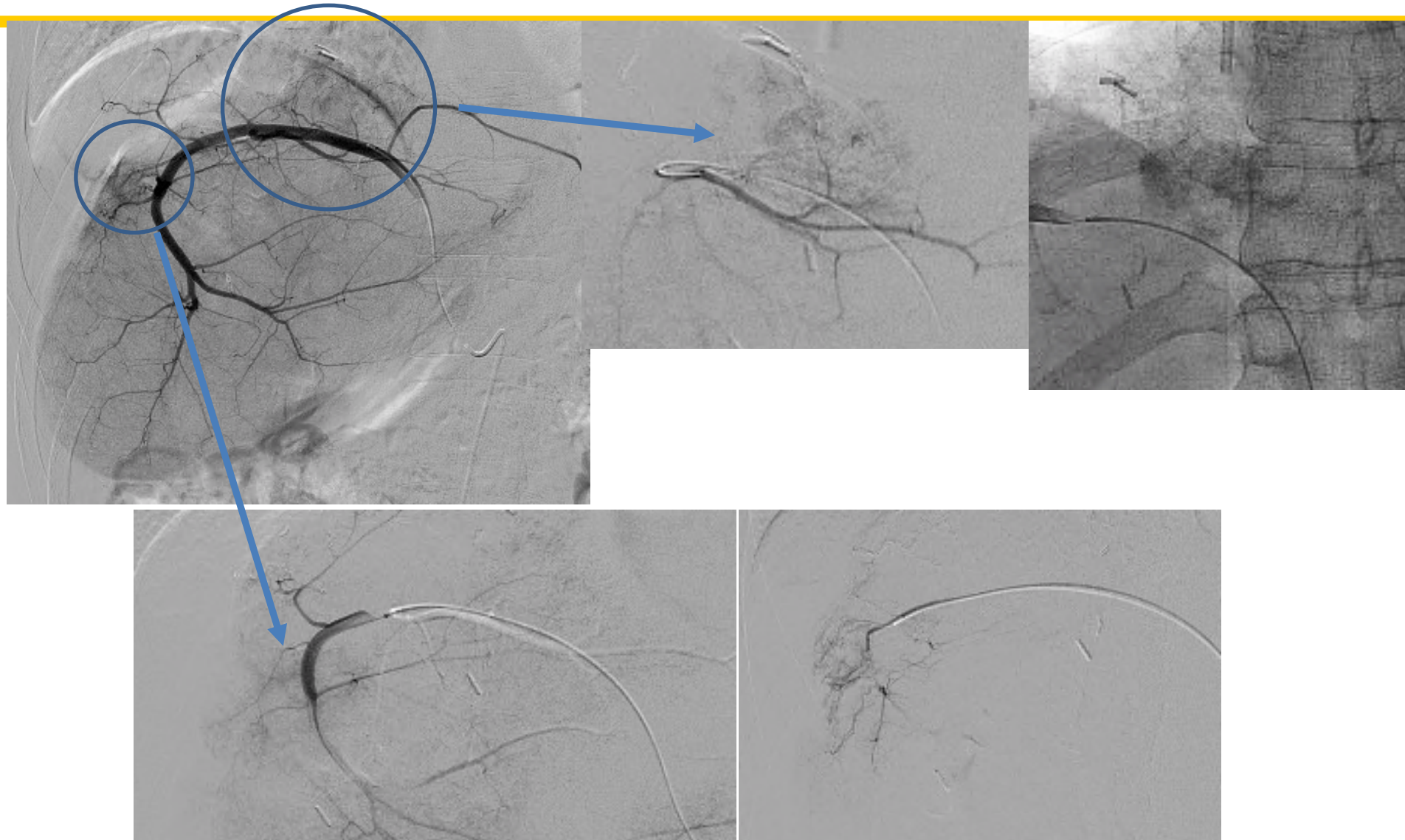
On panitumumab  
LFTs normal

Treatment options?

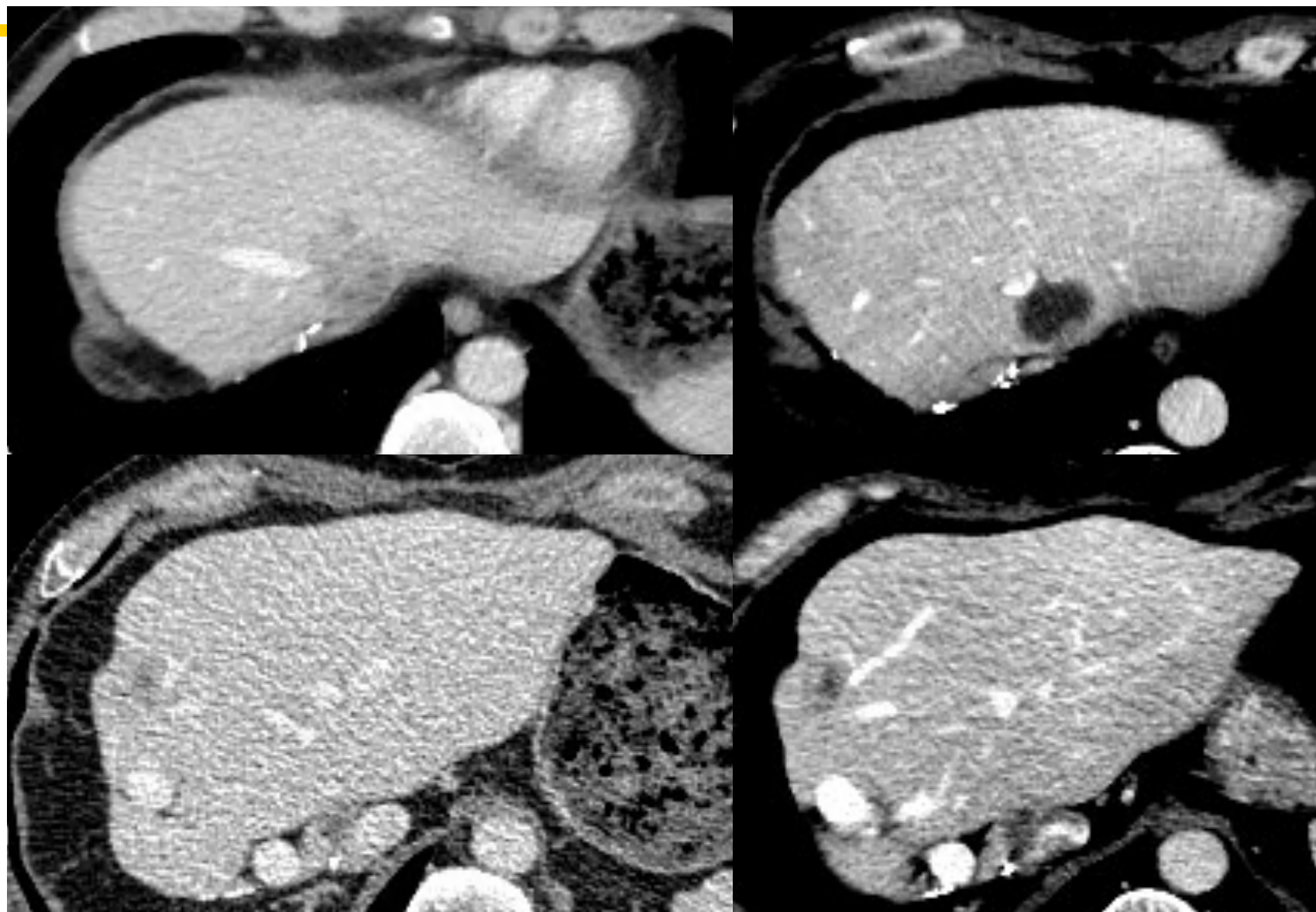






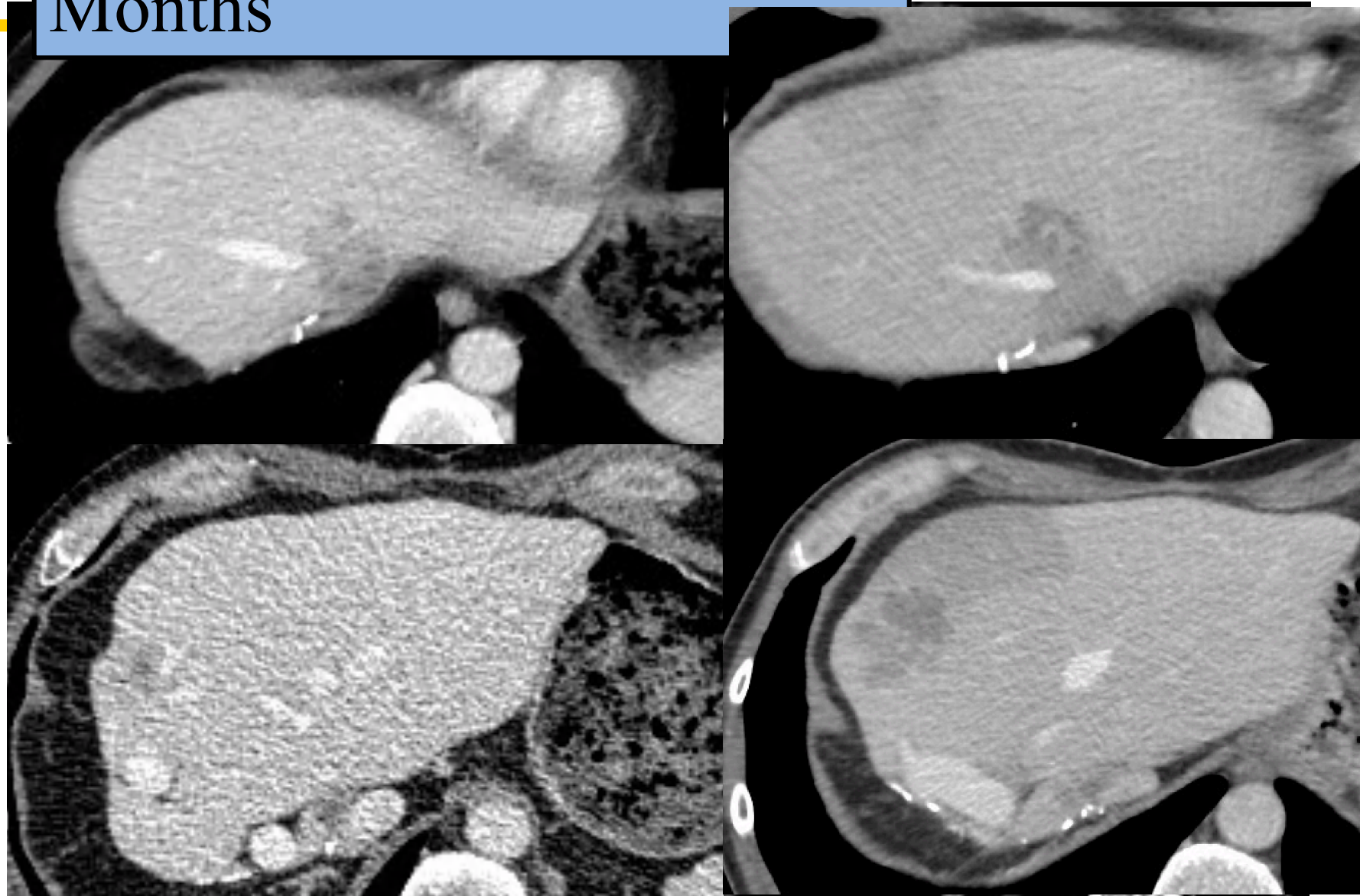


# CEA: 8 → 2





CEA: 8 → 2 → 12 at 6  
Months



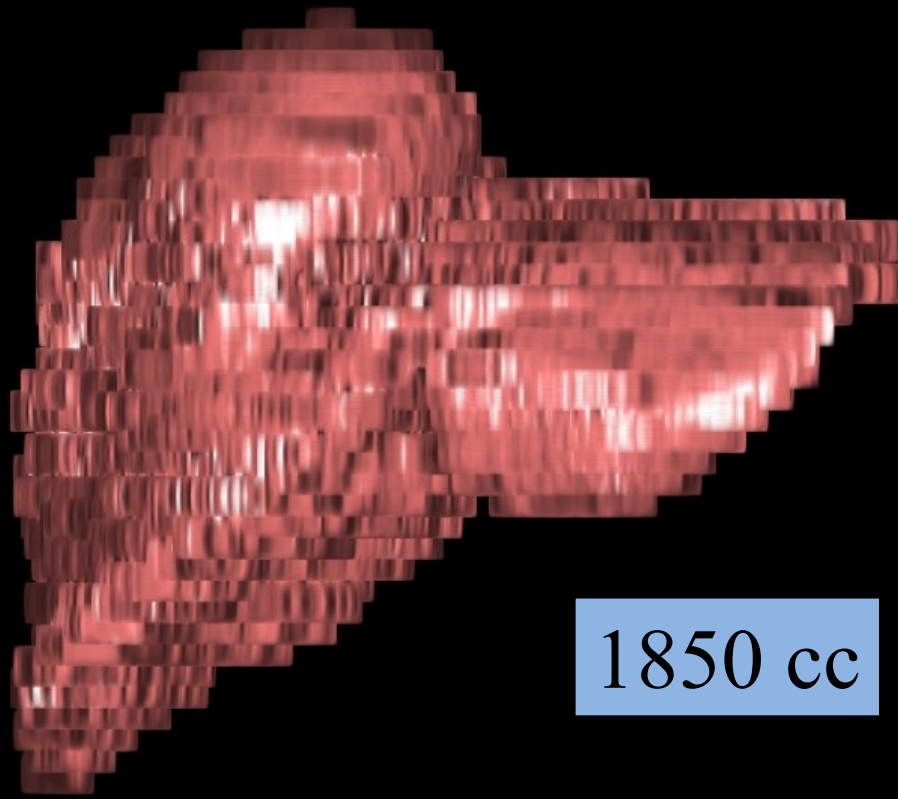




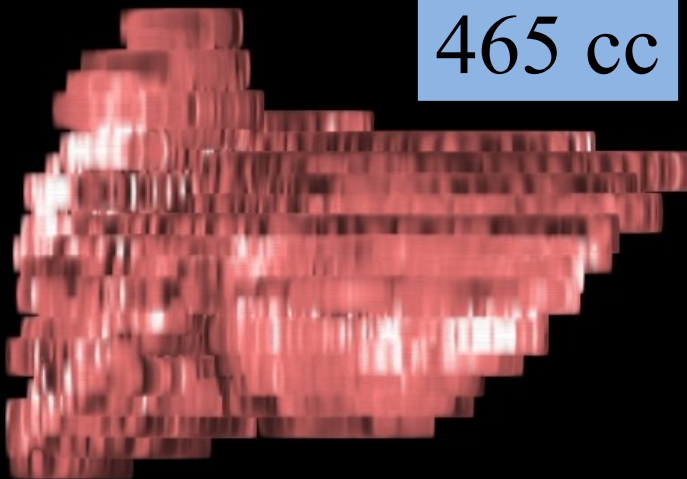
2012: T3 CRC (KRAS WT)  
Didn't tolerate  
adjuvant CapeOX

2015: CapeOX/Avastin  
Liver and peritoneal  
met resected

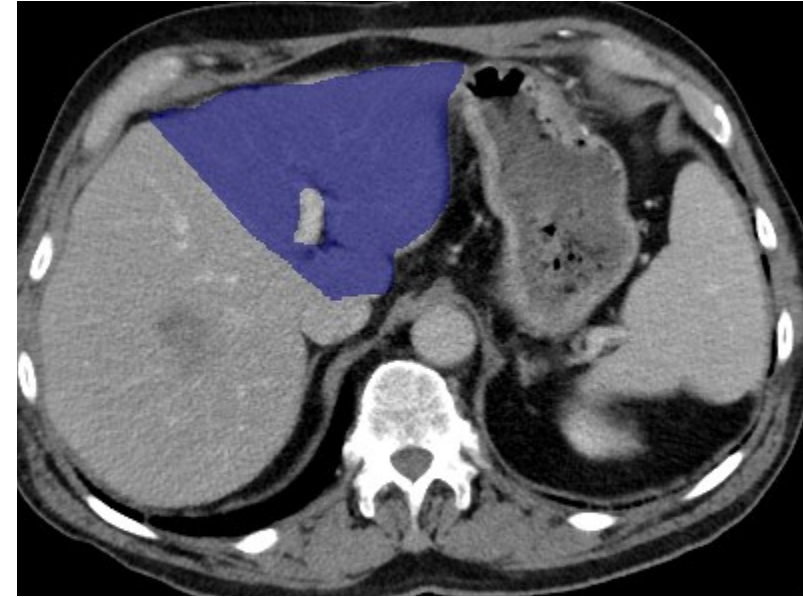
2016: new liver met  
Back on CapeOX  
Referred to IR



1850 cc



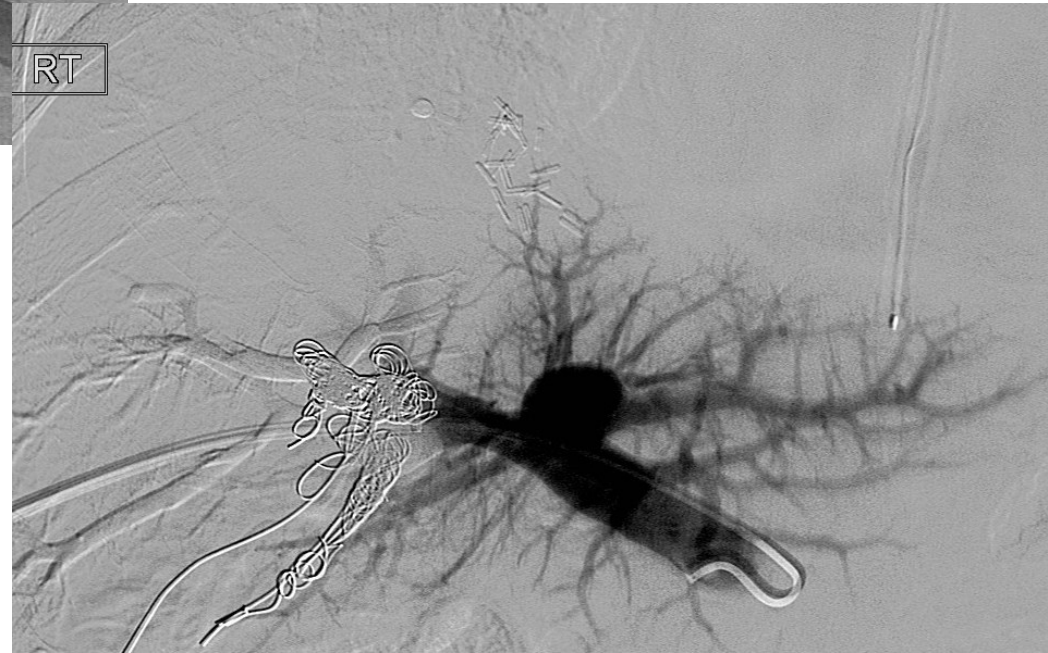
465 cc



FLR 25% of TLV

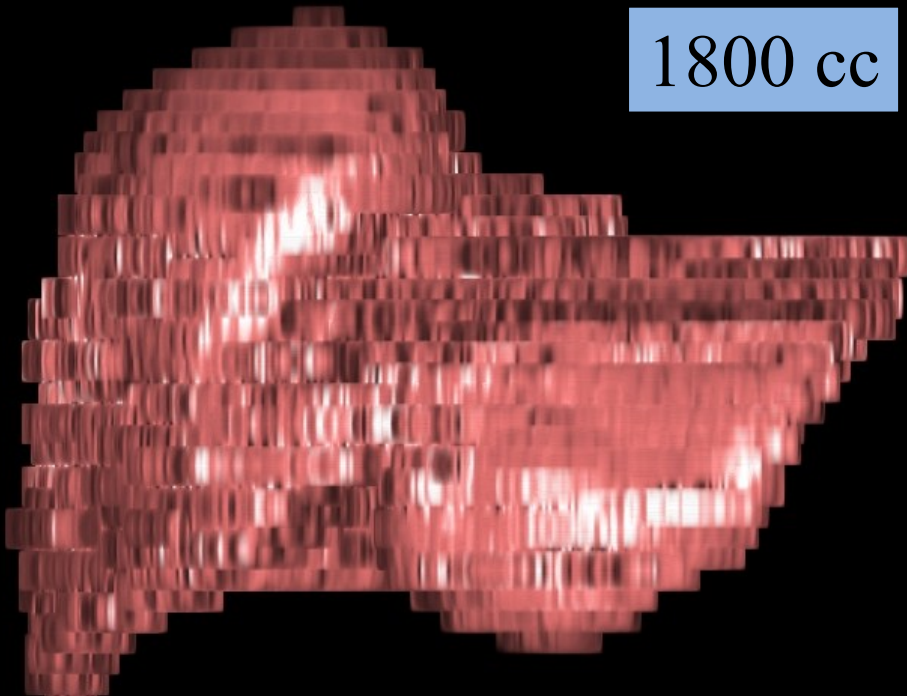


PVE 7/2016

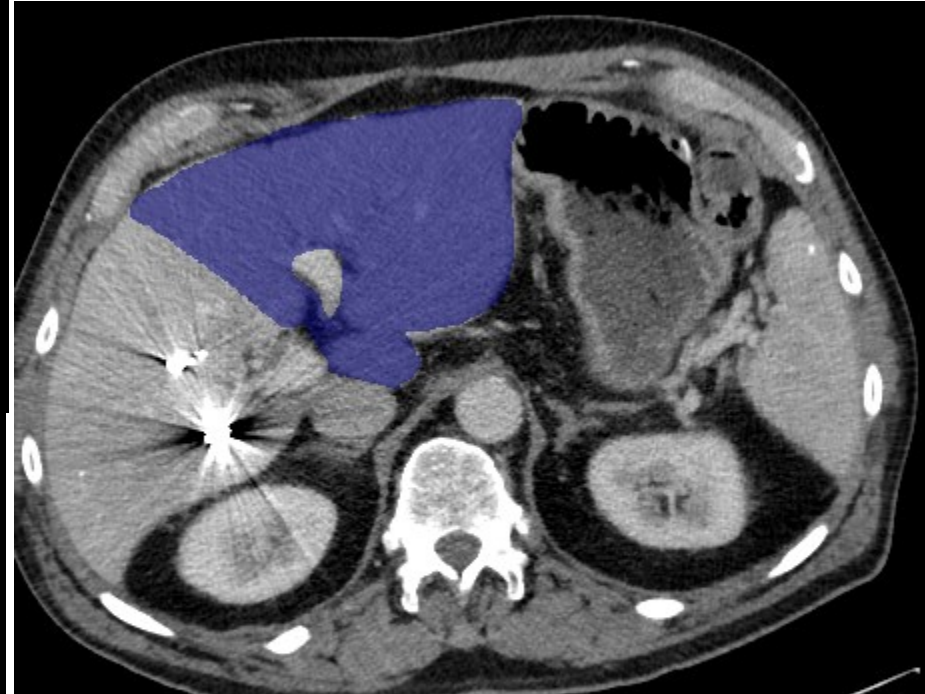
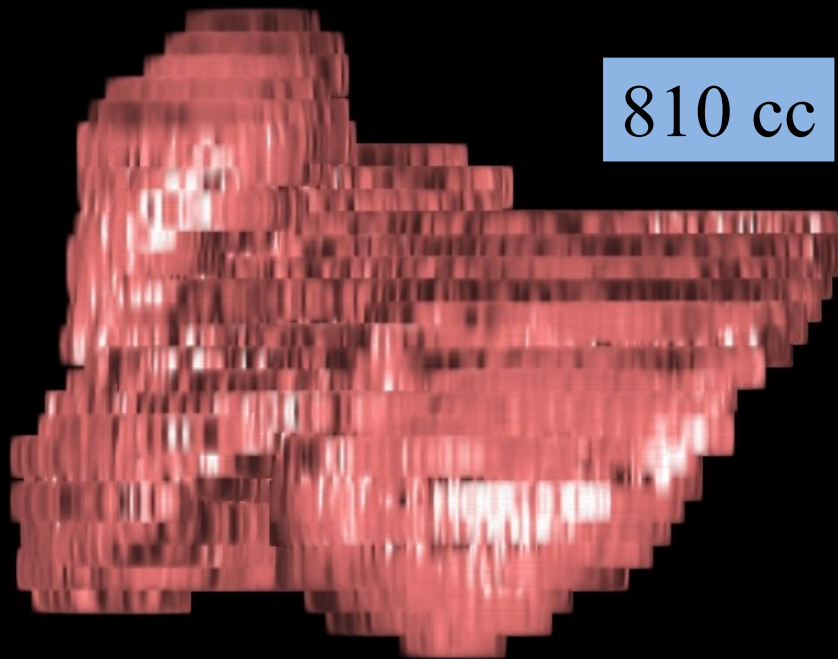




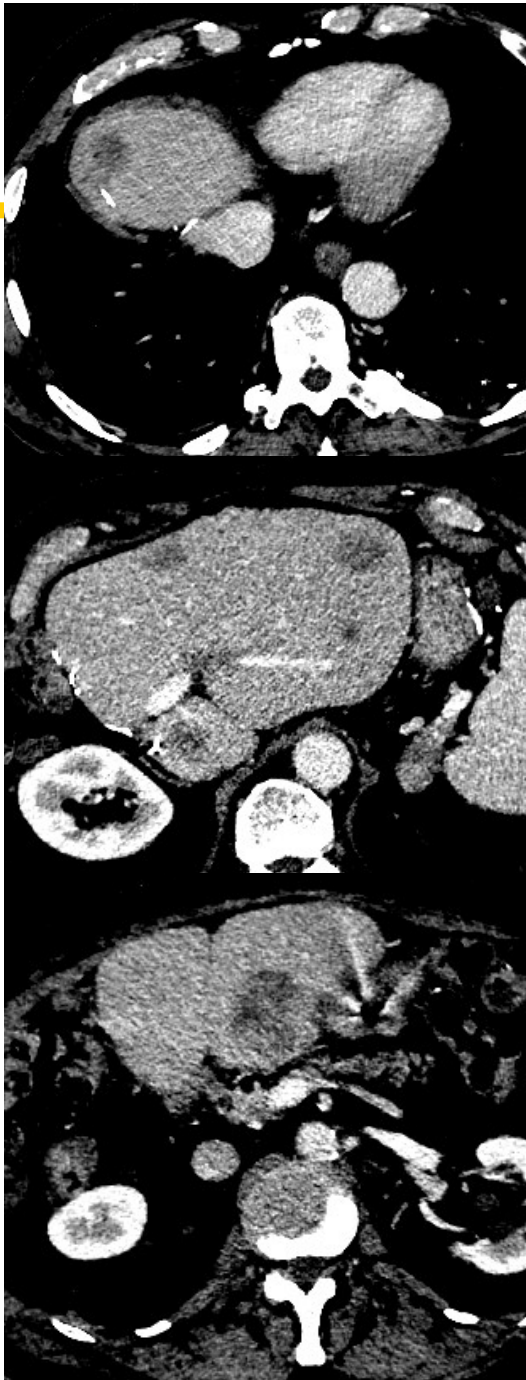
1800 cc



810 cc



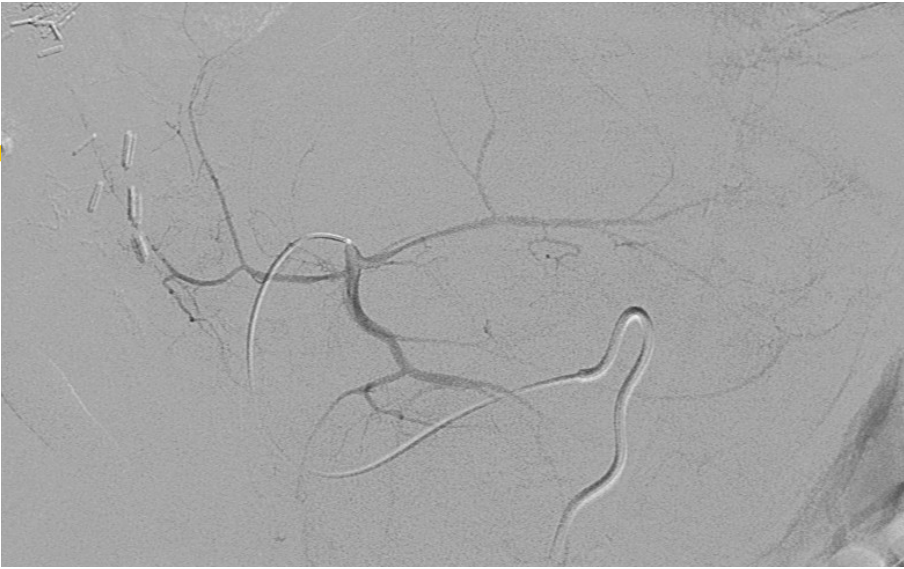
FLR now: 45%



2/2020:

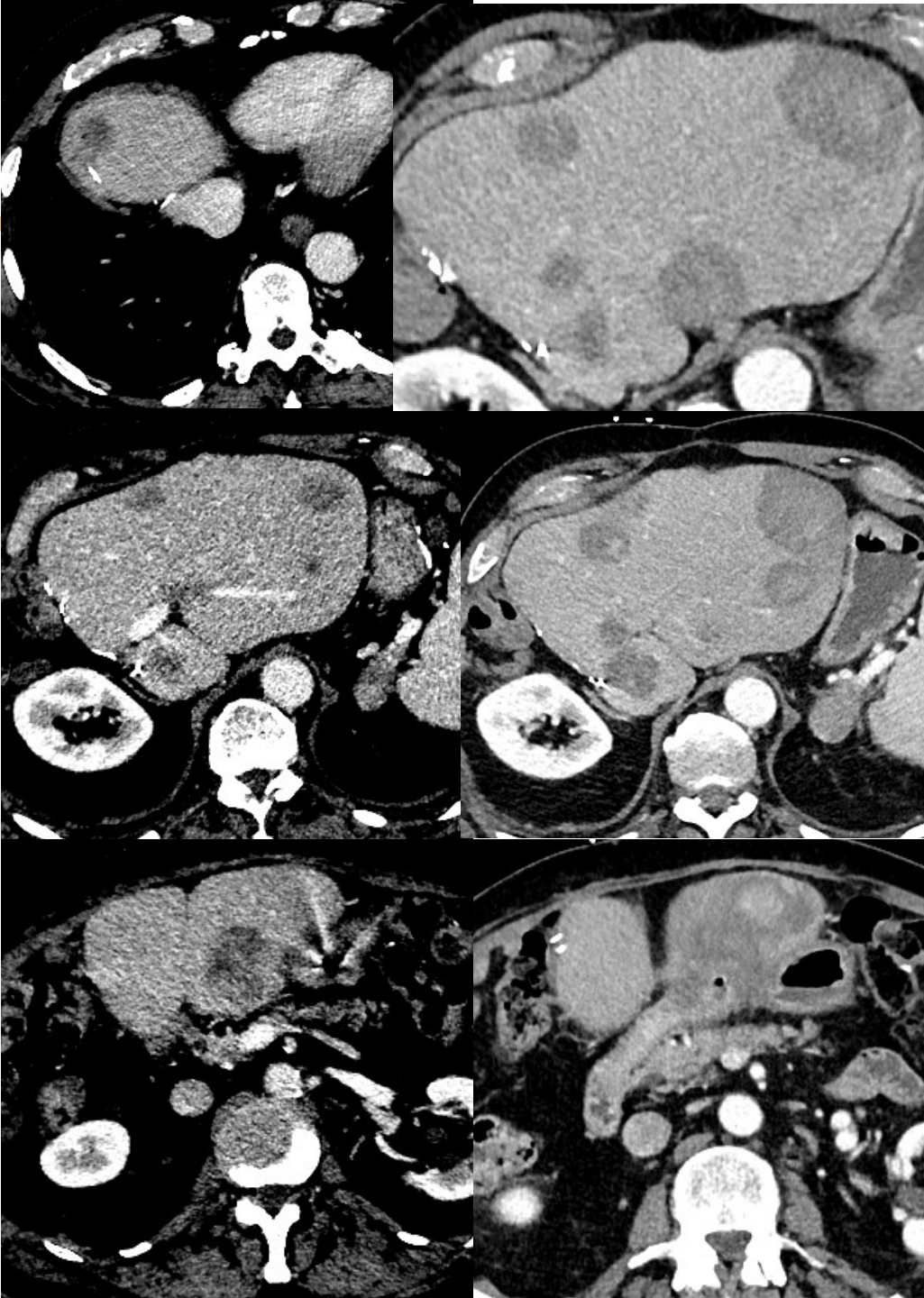
New liver mets  
in remnant

All segments involved  
Low tumor volume



Oncozyne 100 mcm  
100 mg IRI



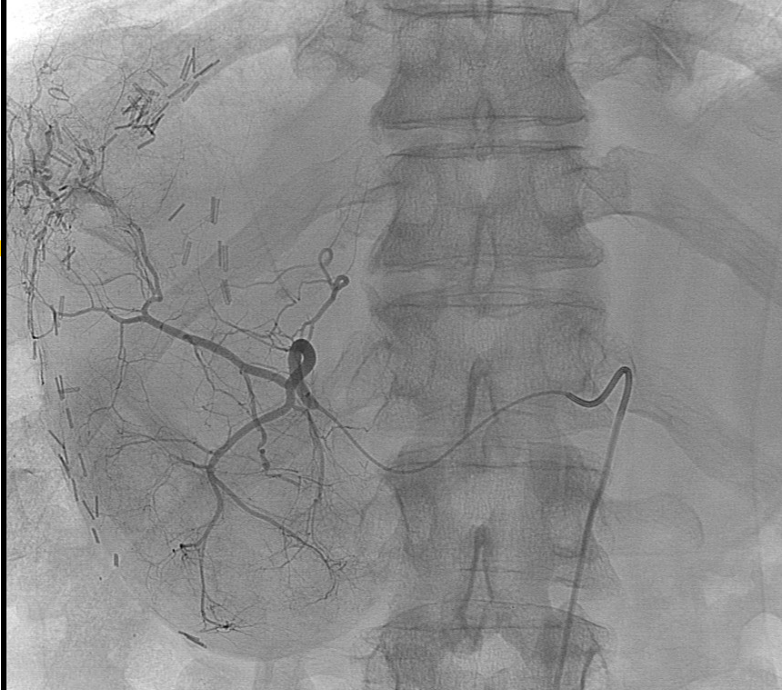


Intense Pain:  
CT next day

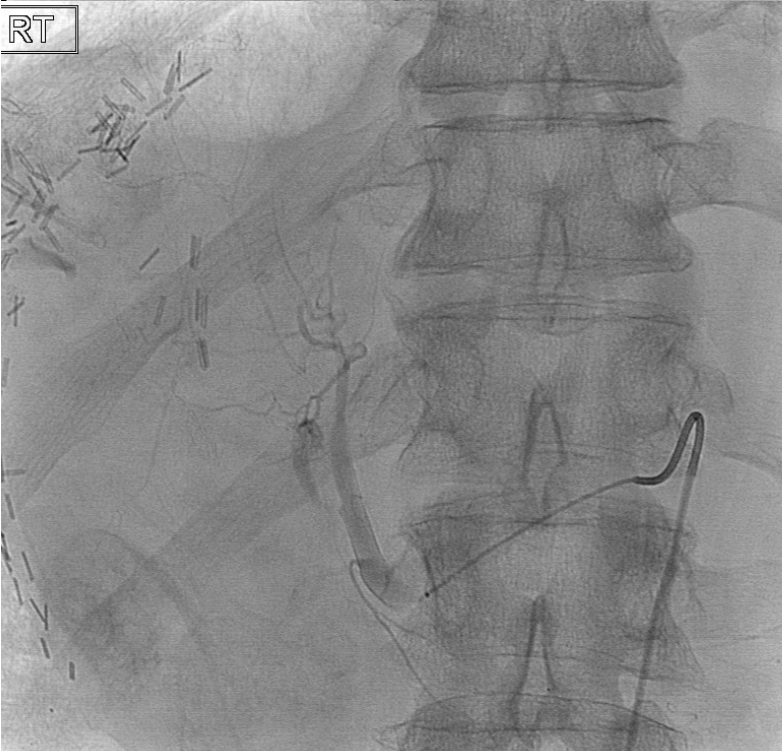
7 weeks since  
last imaging

Clear progression





RT



Right lobe treated  
5 weeks later  
100 mcm Oncozene  
100 mg IRI

