Challenging case: colon cancer
● 78 yr old man, retired diplomat

● PR bleeding

● colonoscopy → lesion at 50cm → sigmoid colectomy (7/2009):
  – adenocarcinoma
  – T3N0(0/9)Mx
  – GII, vascular/lymphatic invasion
Past Medical History

- Pacemaker in situ for cardiac arrhythmia
- Hypertension
- Renal stones
- Appendectomy as young adult

Medications

- Amlodipine 5 mg, od
- Metoprolol 200 mg, od
- Aspirin 75 mg, od
Family history

- brother with colon ca at age 69, alive and well

Social history

- Married with two sons, aged 41 and 45 years
- Smoking 1-2 cigars/day
- Occasional alcohol use
- Regular holidays around the year
1. Would you administer adjuvant chemotherapy?

2. FU/LV or Oxaliplatin-based?
Adjuvant chemotherapy for stage II older colon cancer patients with poor prognostic features

- 20,847 pts with stage II cancer (SEER database)
- Pts 66 and older, between 1992 and 2005
- 75% had at least one poor prognostic feature
- HR (1.02 vs 1.03, non-poor vs poor) for the benefit of chemotherapy

O'Connor E et al J Clin Oncol 2011;29:3381-3388
Quick, simple & reliable

'Uncertain indication' for chemotherapy (3239 patients ’94 -’03)

Randomize

Observation (n=1617)  5-FU/LV ± Lev (n=1622)
After discussion, he did not receive adjuvant treatment and was put on regular follow-up.
9/2011: elevated CEA (11.6 ng/ml)
CT scan: single 4cm lesion on left liver lobe

**Treatment options:**
1. chemotherapy +/- surgery
2. up-front metastasectomy +/- chemo
3. chemotherapy
4. BSC
Ex: 10
Abd./Pelv. CM 5.0 B31s
C: APPLIED
Se: 9/14
Im: 15/91
Ax: -248.5

512 x 512
B31s
Mag: 1.5x
(10.0:1)

120.0 kV
247.0 mA
5.0 mm/0.1:1
Tilt: 0.0
1.0 s

DEQV: 48.3
Liver resection of colorectal metastases in elderly patients

- 7764 pts evaluated for outcome of liver surgery in an international multi-centre cohort
- 12.9% 70-75 yrs, 6% 75-80 yrs, 2% over 80 yrs
- Pre-op chemo used less frequently
- Less likely to have multi-nodular and bilateral lesions
- Higher 60-day post-op mortality and morbidity than in younger pts
- 3-yr OS: 57.1%
- Independent predictors for survival: > 3 lesions, bilateral mets, concomitant extra-hepatic disease and no post-operative chemotherapy

Adam R et al BJS 2010;97:366-367
- Left liver lobectomy – November 2011
- On 7th post-op day: upper GI bleeding
  - Blood products support
  - Endoscopy: duodenal ulcer
  - PPIs
- Recovered uneventfully
Histology report

- Adenocarcinoma
- Consistent with colon primary
- Clear resection margins

Further management
1. “adjuvant” chemotherapy?
2. Simple follow-up?
He decided to receive no further treatment

4 months later, CEA: 1.2 ng/ml

Seen in clinic 6/2012: In radiological and marker CR

9/2012: single right sided lung lesion

12/2012: still one lesion, larger – had RFA

5/2013: in remission
• May 2014 – RFA to 2 further lung lesions