

CCA - COLORECTAL CANCER ACADEMY: COSTRUIRE IL SAPERE

2^a EDIZIONE

Terapie di prima linea della malattia metastatica

Malattia oligometastatica

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Focus on patient and disease

- ♀
- 49 years
- Lawyer
- No comorbidities

October 2018:

- FOB +++, abdominal pain, obstructive symptoms

Instrumental examinations:

- Colonoscopy: obstructing heteroplastic tissue at sigmoid-rectal junction (20 cm from AV): adenocarcinoma
- Molecular status: RAS - BRAF WT
- CT scan: involvement of pelvic nodes and right ovary
- Serum markers: CEA 130ng/mL; CA19.9 55U/L; CA125 65 U/L



Treatment

February 2019

- First line chemotherapy: FOLFOX + panitumumab

June 2019 (Restaging)

- Partial response on primary tumour and nodes, confirmed after completing 12 courses

September 2019

- Surgery (posterior hemipelvectomy): adenocarcinoma ypT4bypN2aV0R0G2M1. N+ (4/31)

No further treatment due to post-operative complications

FOLLOW UP



Relapse (July 2021)



Three pulmonary bilateral nodules



Treatment options

- ✓ *Chemotherapy*
- ✓ *Surgery*
- ✓ *Locoregional treatment (RT)*

Stereotactic Ablative Radiotherapy

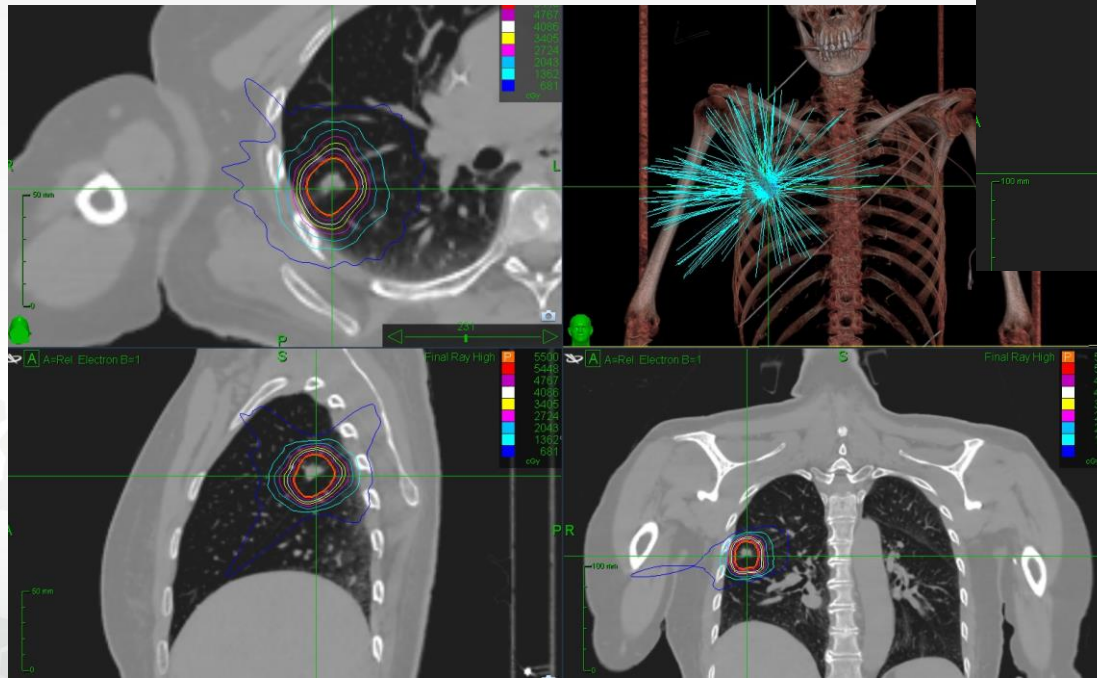
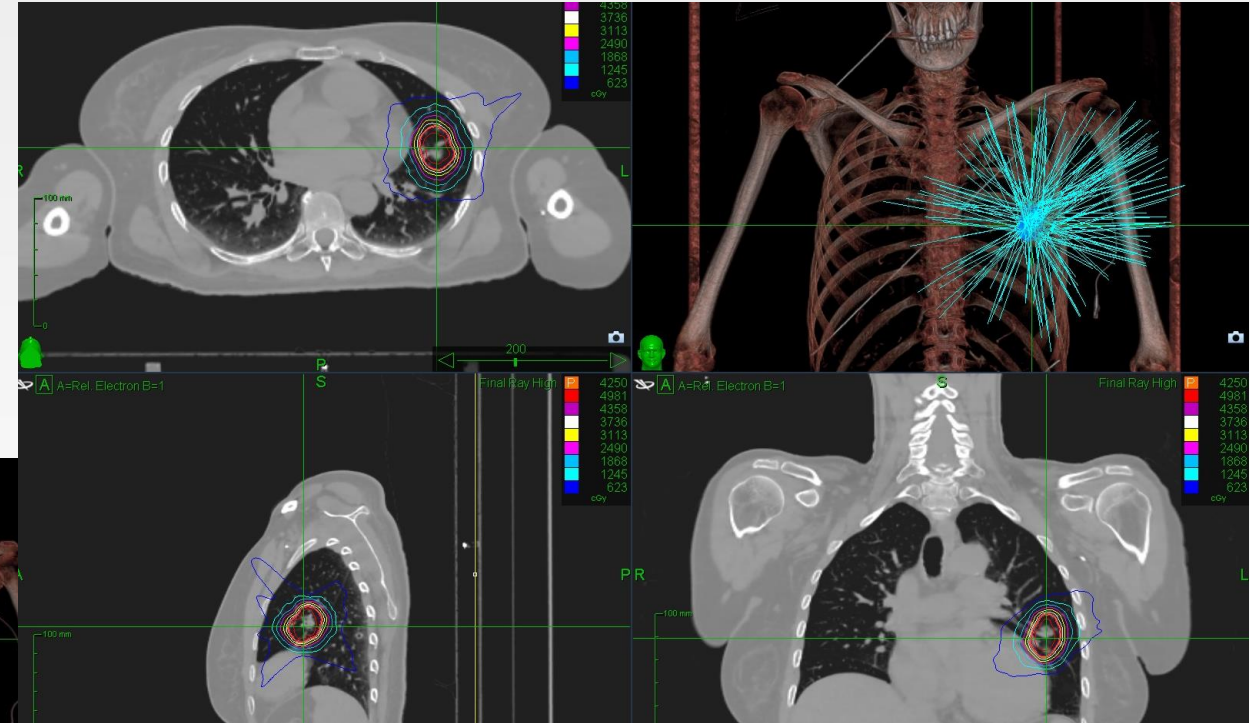




Treatment for relapse

After PET-CT scan, MDT established to propose **Stereotactic Ablative Radiotherapy**

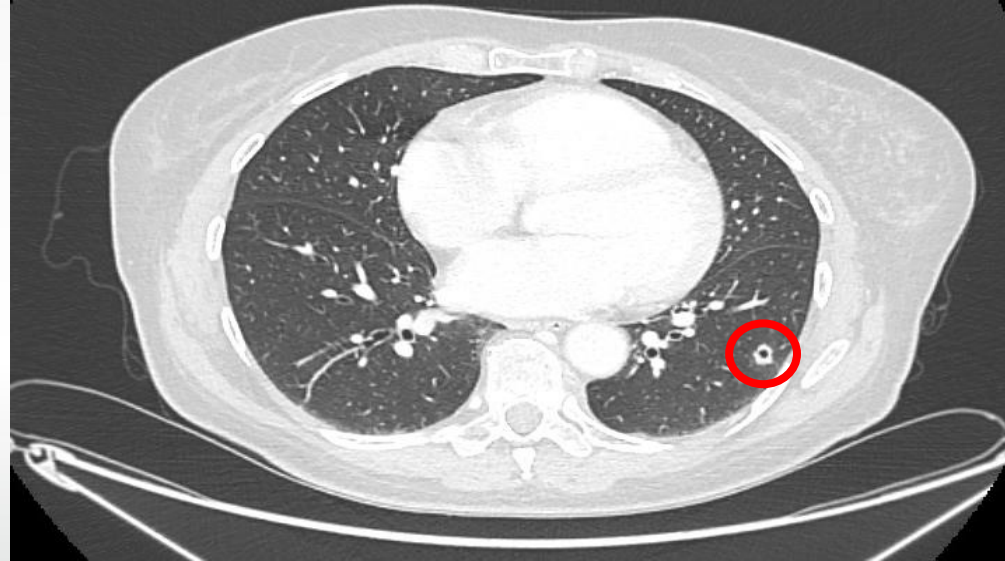
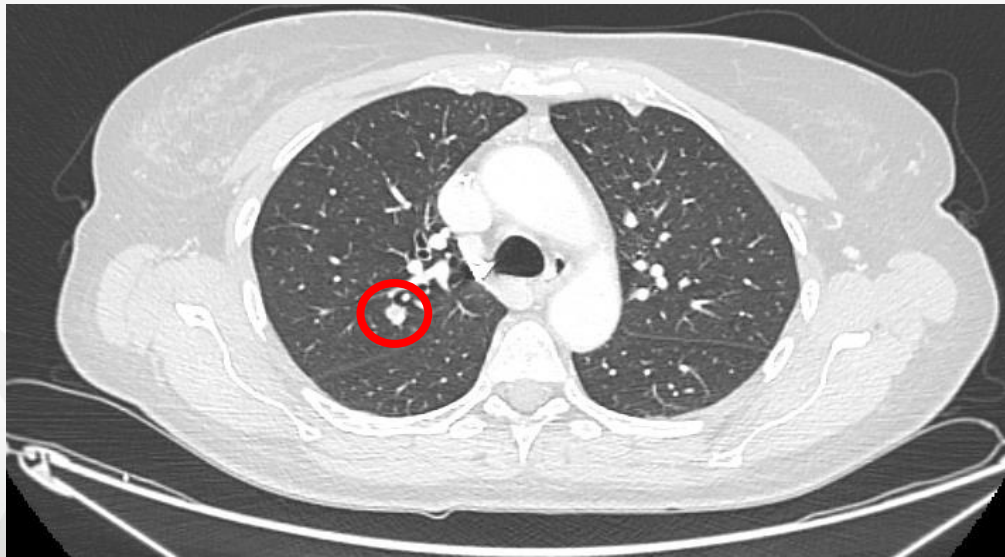
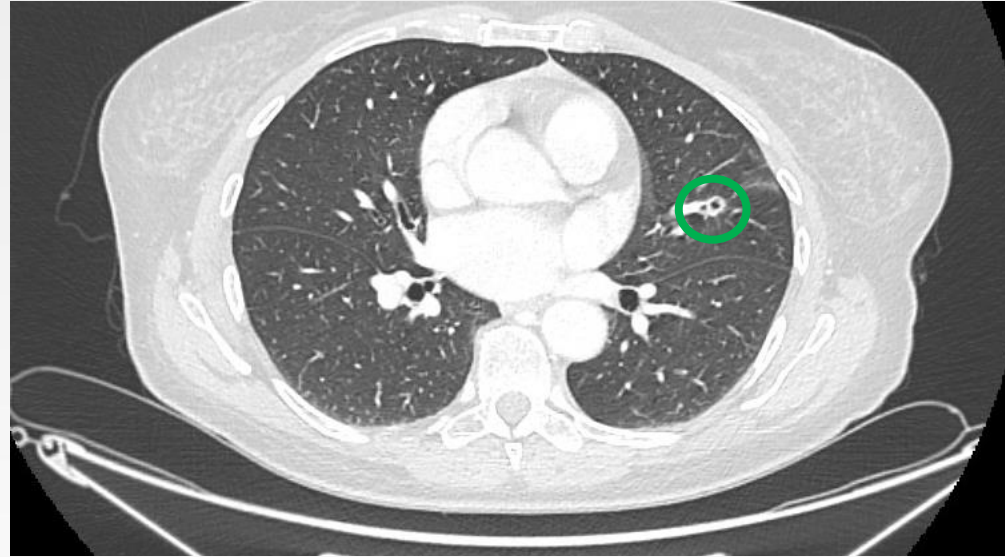
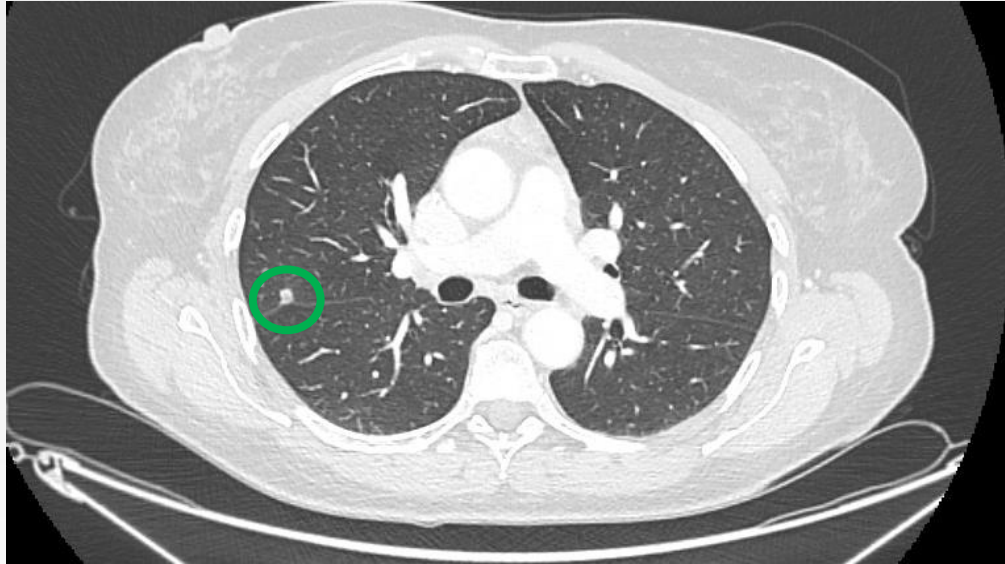
August 2021:
Cyber-Knife RT on right and on lingular nodules



FOLLOW UP



Restaging (November 2021)





Treatment options

- ✓ *Chemotherapy*
- ✓ *Surgery*
- ✓ *Locoregional treatment (RT)*

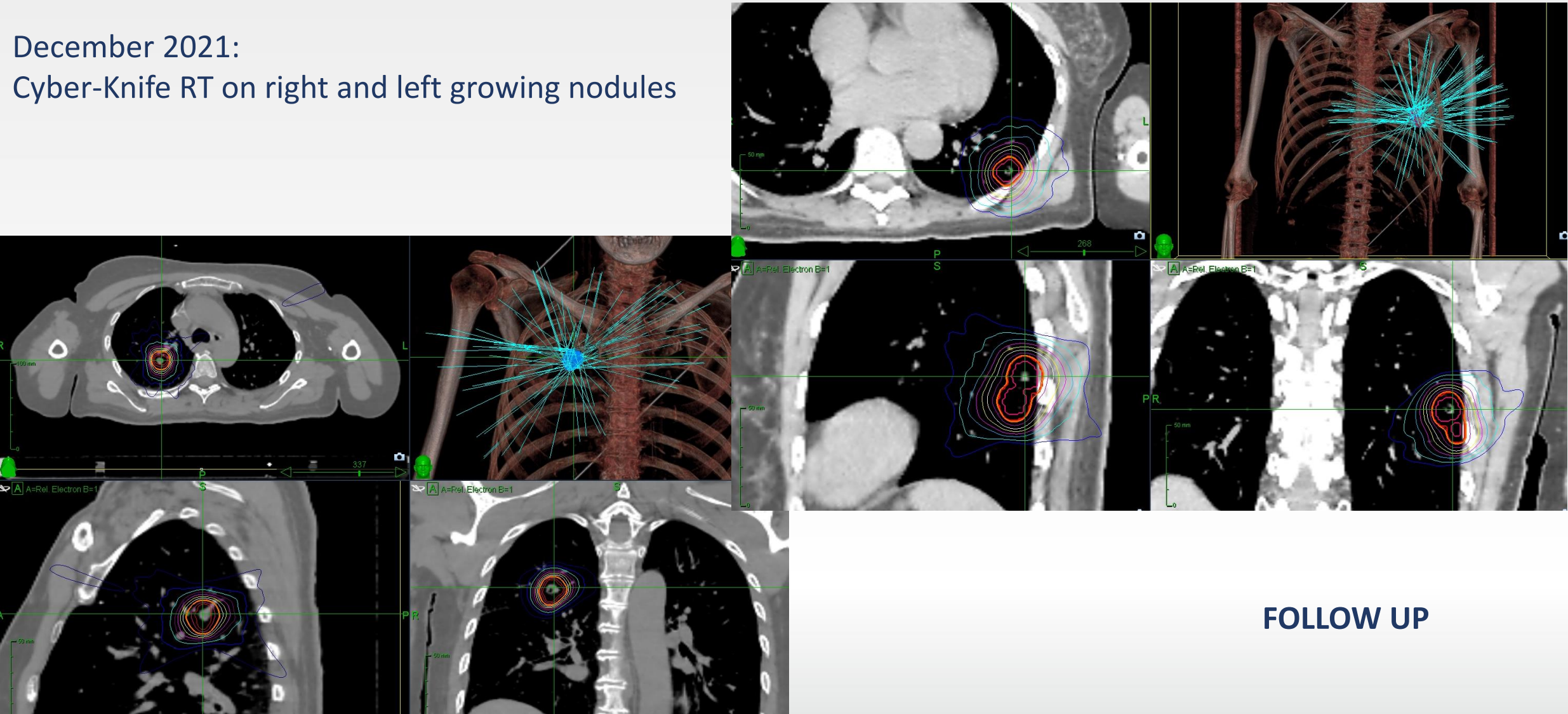
Stereotactic Ablative Radiotherapy





Treatment of residual disease (December 2021)

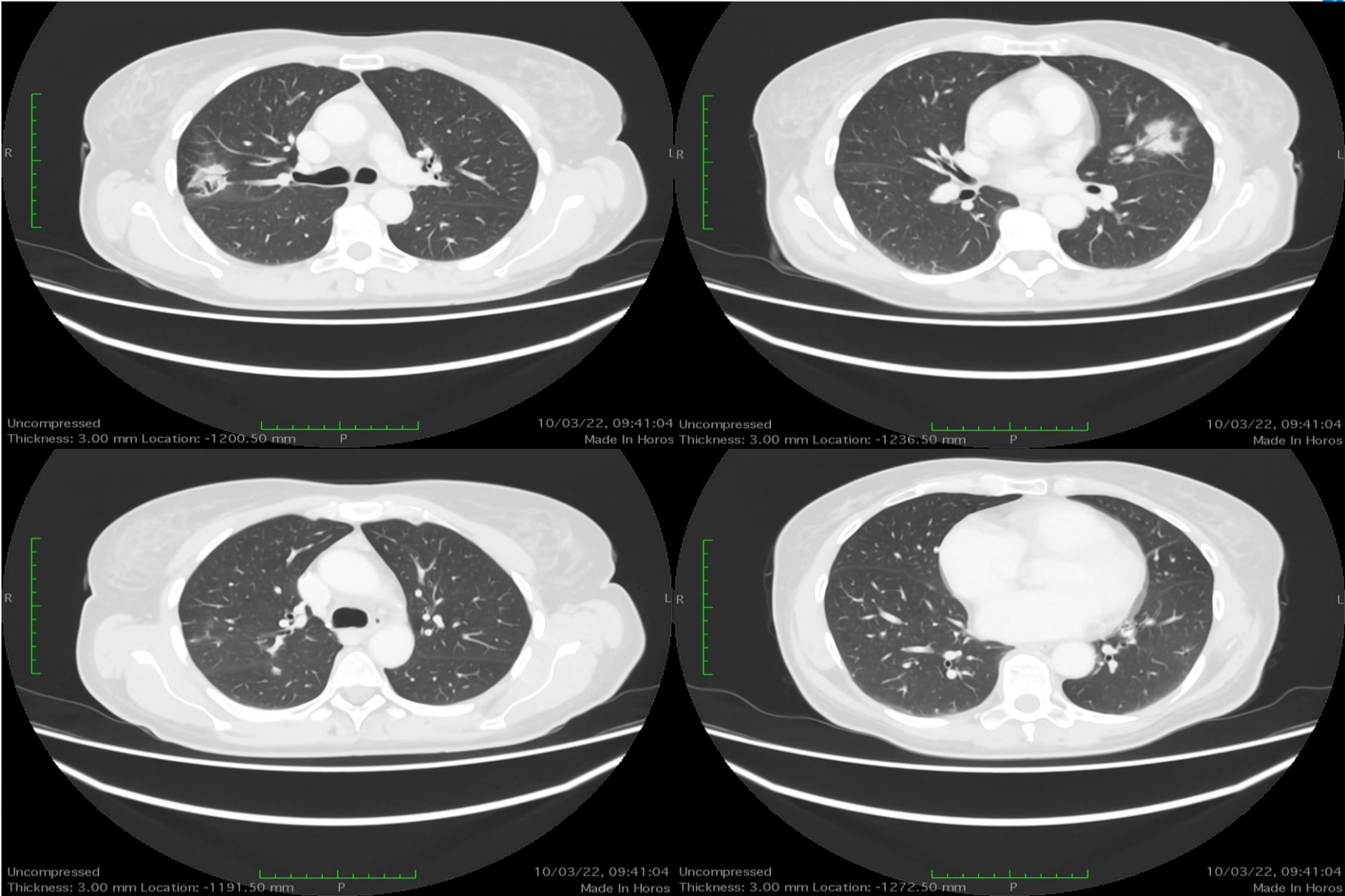
December 2021:
Cyber-Knife RT on right and left growing nodules



FOLLOW UP



Follow up restaging: no evident disease (March 2022)





Oligometastatic CRC disease: Discussion

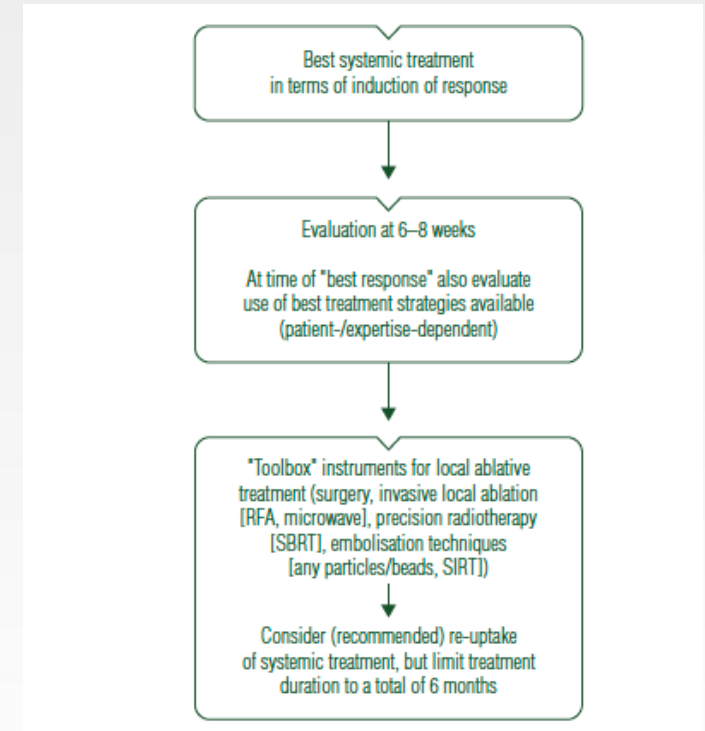
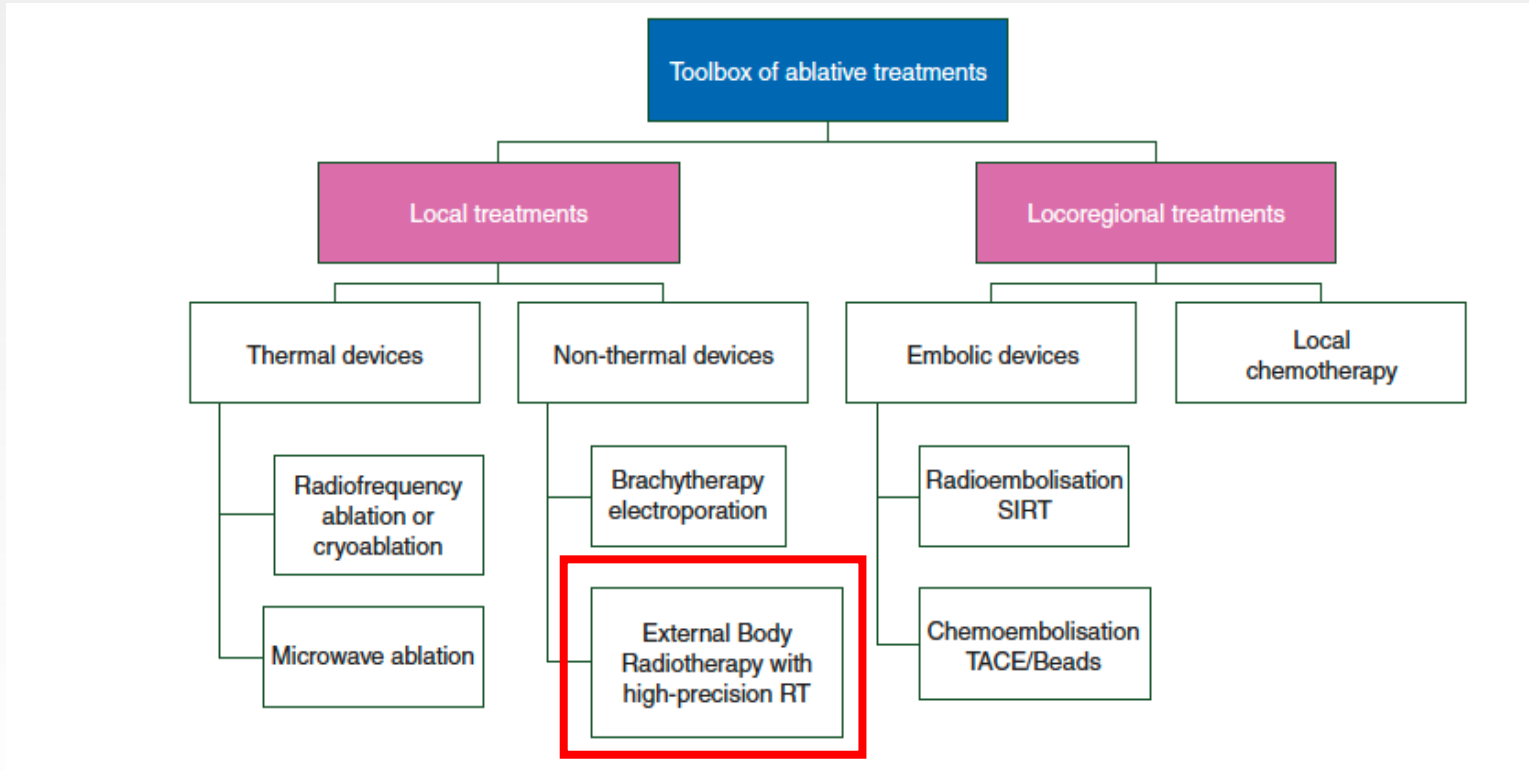


Figure 3. Standard treatment algorithm for patients with oligometastatic disease. RFA, radiofrequency ablation; SBRT, stereotactic body radiotherapy; SIRT, selective internal radiation therapy.



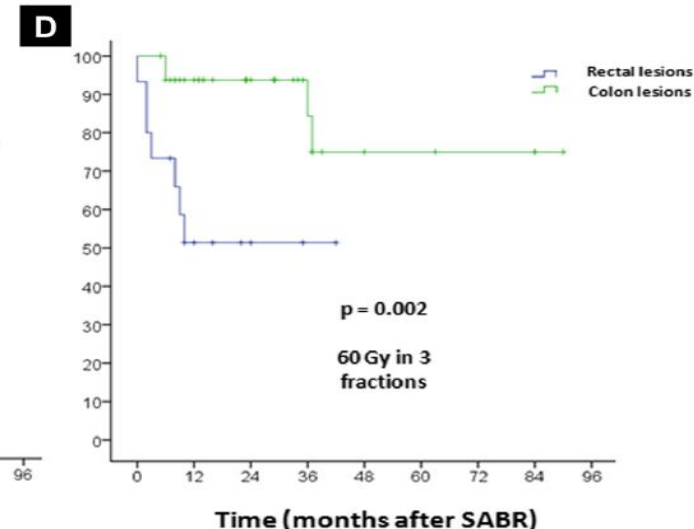
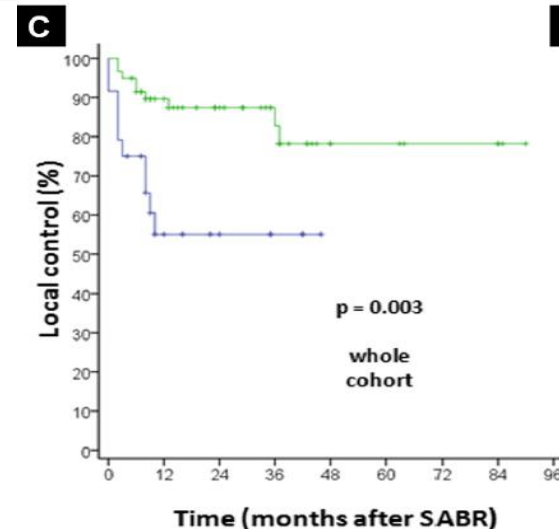
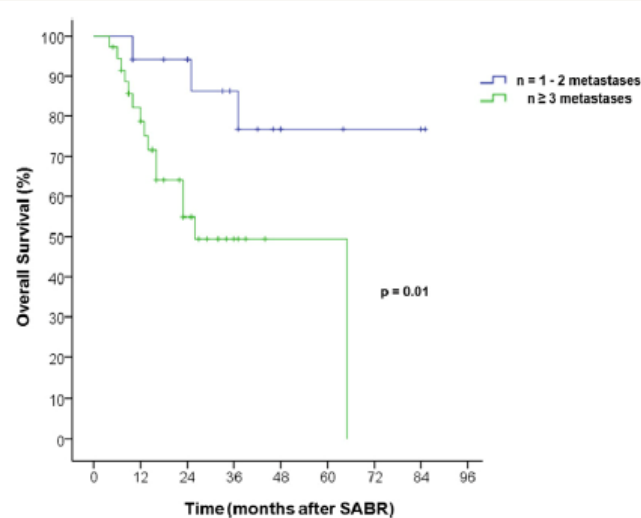
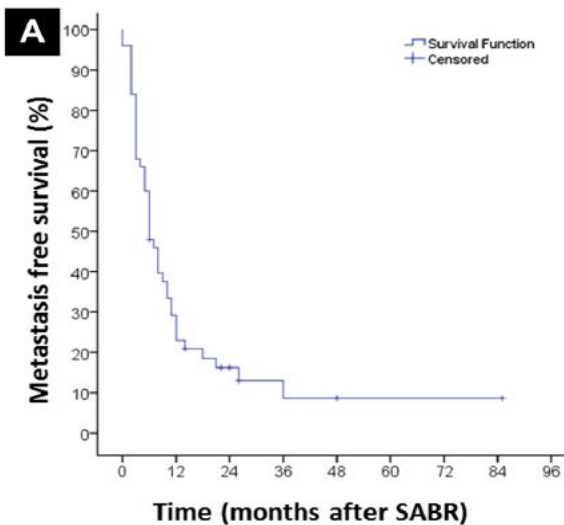
Stereotactic Ablative Radiotherapy in Oligometastatic CRC

Hoyer et al. (2009): «SBRT in patients with inoperable CRC-metastases resulted in high probability of local control and promising survival rate»

Filippi et al. (2016): «overall survival probability after SBRT is similar to surgery for the first 2 years from treatment»

Kinj et al. (2016): «worse outcome in patients presenting with a rectal primary, > 2 metastases, or treated with a larger gross tumor volume»

Franzese et al. (2019): «Stereotactic body radiation therapy represents an effective approach in the management of oligometastatic CRC. Control of treated oligometastases seems to be a strong positive predictive factor for PFS and OS»





Evidence from literature

	Pts	Local Control Rate	PFS	OS
Hoyer	64	86%	19%	38%
Franzese	270	73%	14%	56%
Carvajal	13	92%	22%	66%
Franceschini	200	85%	57%	64%
Rieber	153	81%	NA	67%



Stereotactic ablative body radiotherapy in patients with oligometastatic cancers: a prospective, registry-based, single-arm, observational, evaluation study

Anastasia Chalkidou, Thomas Macmillan, Mariusz T Grzeda, Janet Peacock, Jennifer Summers, Saskia Eddy, Bola Coker, Hannah Patrick, Helen Powell, Lee Berry, Gareth Webster, Peter Ostler, Peter D Dickinson, Matthew Q Hatton, Ann Henry, Stephen Keevil, Maria A Hawkins, Nick Slevin, Nicholas van As

1477 pts

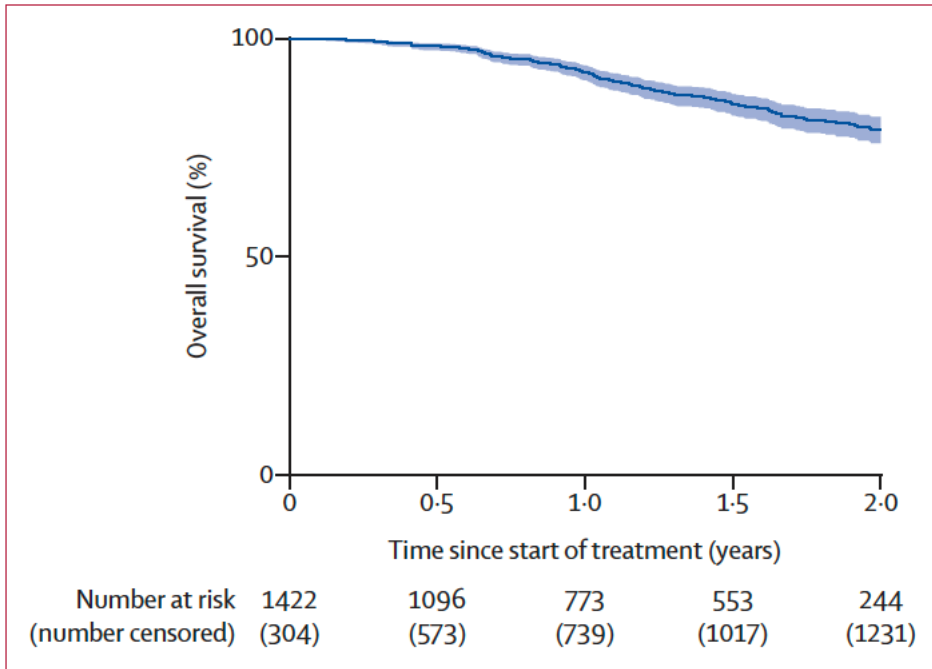


Figure 1: Kaplan-Meier analysis of overall survival in the total cohort
Shaded areas represent 95% CIs.

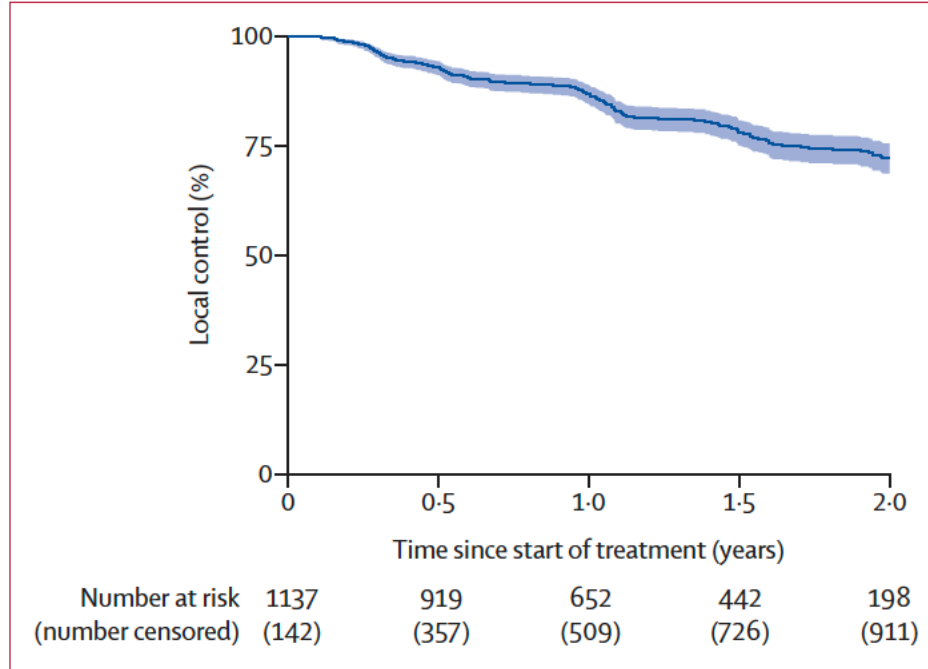


Figure 2: Kaplan-Meier analysis of local control in patients with available data
Shaded areas represent 95% CIs.

Colon cancer (n=233)	
1 year	92.0% (86.6-95.3)
2 year	80.3% (71.8-86.5)
Rectal cancer (n=164)	
1 year	93.7% (87.2-97.0)
2 year	77.8% (66.5-85.7)

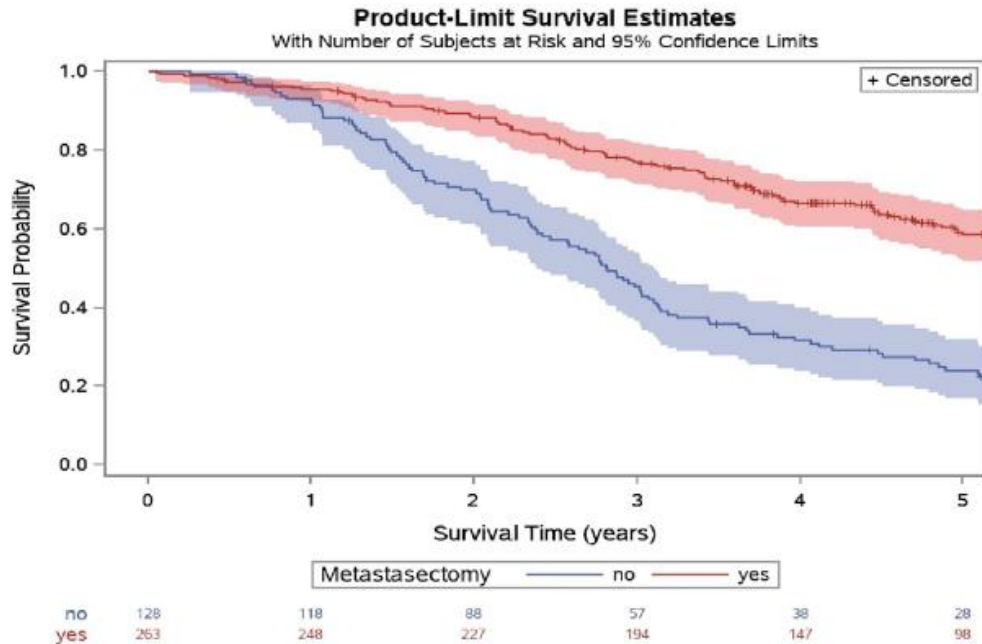
Table 2: Overall survival estimates at 1 year and 2 years after the start of stereotactic ablative body radiotherapy by primary tumour histology



However...

Stereotactic Ablative Radiotherapy for Oligometastatic Disease: Great Enthusiasm but Scant Evidence

F. Macbeth*, T. Treasure†





Conclusions

- ✓ Oligometastatic pulmonary disease is a frequent topic in mCRC
- ✓ Optimal treatment is to be evaluated by MDT
- ✓ Metastatic burden, PFS (in metachronous disease) and biological aspects must be considered
- ✓ Lung not operable disease may benefit from Stereotactic Ablative Radiotherapy
- ✓ Phase III trials should compare RT with surgery (large cohort and long follow up period limiting)

However...

The Continuum of Care: A Paradigm for the Management of Metastatic Colorectal Cancer

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OS

