

Panel discussion:

Management of colorectal malignancy

Moderator

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Panelists

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Case I

- 52 year old male patient
- Bleeding P/R
- Some anorexia – weight loss
- Hemorrhoids
- Hb – 7.8 gm%

} 2 months

- Colonoscopy



Colonoscopy

Screening/low threshold

- After 50 – screening cost effective
- Bowel symptoms + constitutional symptoms
- Bowel symptoms + Age > 50
- Personal or family history of CRC/polyps
- FAP, HNPCC
- UC/CD

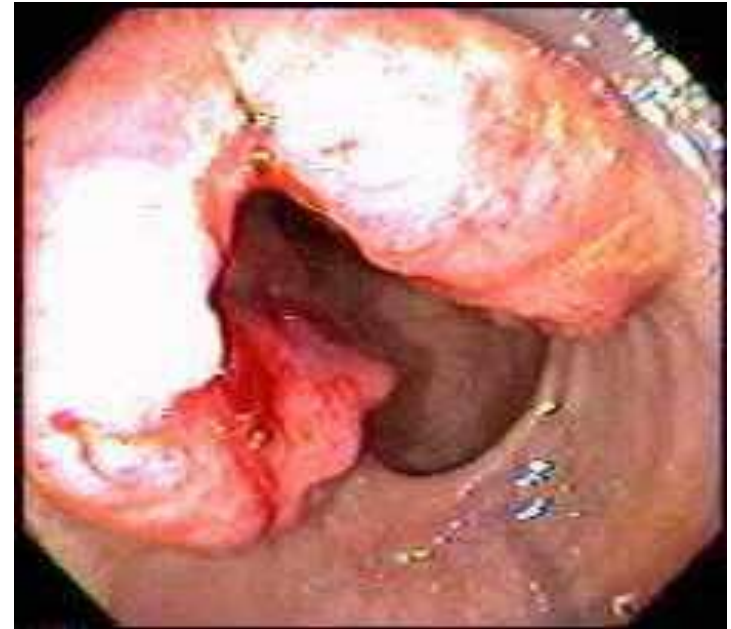


Case I - Colonoscopy

- Growth at 8 cm
- No synchronous lesion
- Biopsies taken
 - Moderately differentiated adenocarcinoma



- CT/MR abdomen pelvis, CEA
- CT chest

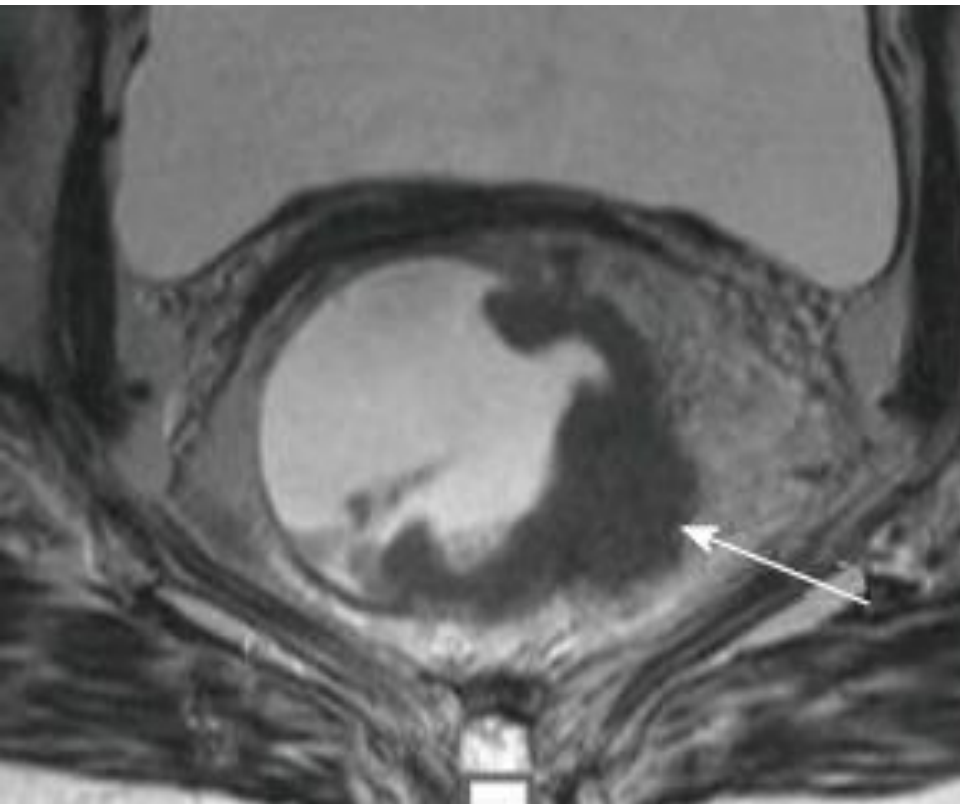


PET scan

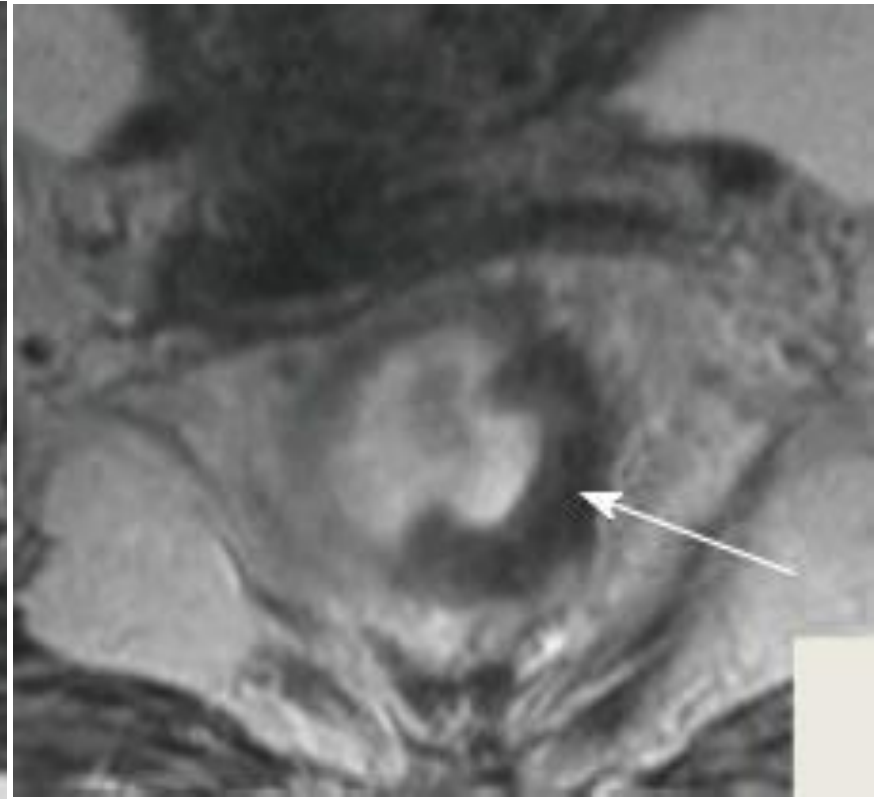
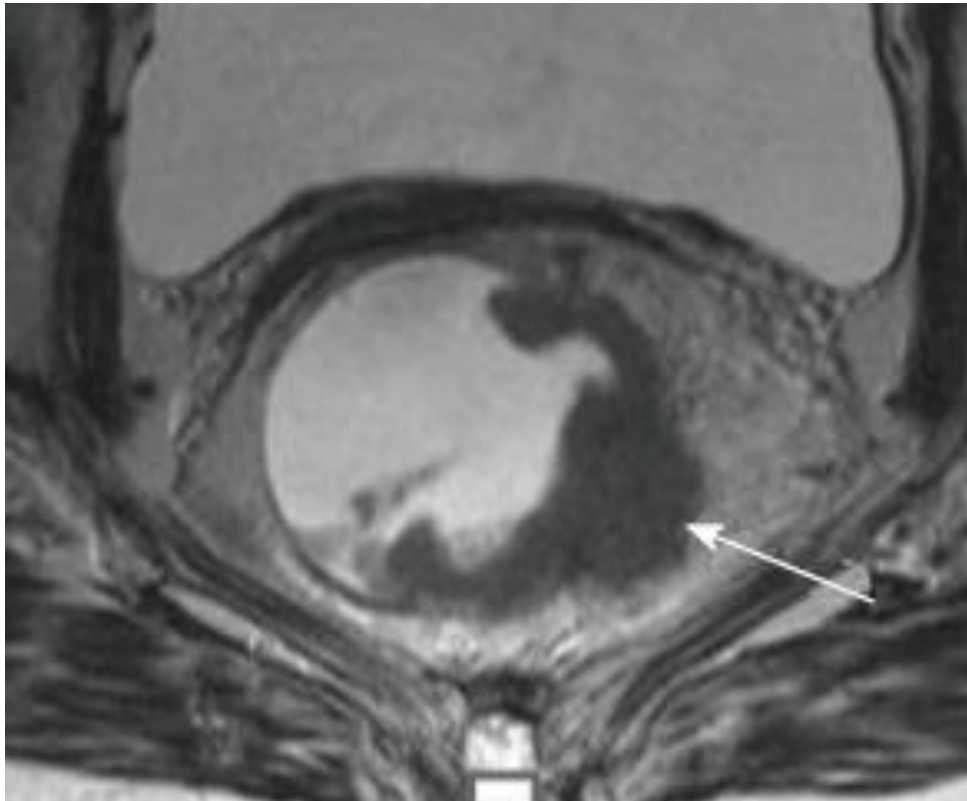
- NCCN guideline
 - Not routinely recommended
- Equivocal finding on CT
- Resectable M1 disease
- Increasing CEA on follow up
- Recurrence vs. fibrosis



MRI/CT



MRI – pre and post CTRT



Biopsy report

Histologic Type: Adenocarcinoma

Histologic Grade : Low-grade (Moderately differentiated)

Histologic Features Suggestive of Microsatellite Instability: NIL

- Intratumoral Lymphocytic Response (tumor-infiltrating lymphocytes): Mild
- Peritumor Lymphocytic Response (Crohn-like response): Mild to moderate
- Tumor Subtype and Differentiation
 - o Mucinous tumor component - nil
 - o Medullary tumor component - nil
 - o High histologic grade (poorly differentiated) - nil

Microscopic Tumor Extension: Tumor invades through the muscularis into the pericorectal connective tissue.

Margins: Margins uninvolved by invasive carcinoma:

- Distance of invasive carcinoma from closest margin: 11 mm, CRM
 - o Proximal Margin: Uninvolved by invasive carcinoma, 12.5 cm
 - o Distal Margin: Uninvolved by invasive carcinoma, 4 cm
 - o Circumferential (Radial) or Mesenteric Margin: Uninvolved by invasive carcinoma, 1.1 cm

Treatment Effect: No history of prior treatment

Lymph-Vascular Invasion: Present

Perineural invasion: Not identified.

Tumor Deposits (discontinuous extramural extension): Present

Type of Polyp in Which Invasive Carcinoma Arose: Not determined

Pathologic Staging (pTNM): pT3N2b

pT3 : Tumor invades through the muscularis propria into pericorectal tissue.

pN2b : Seven or more regional lymph nodes show metastases

Number of Lymph Nodes Examined: 22

Number of Lymph Nodes Involved: 05



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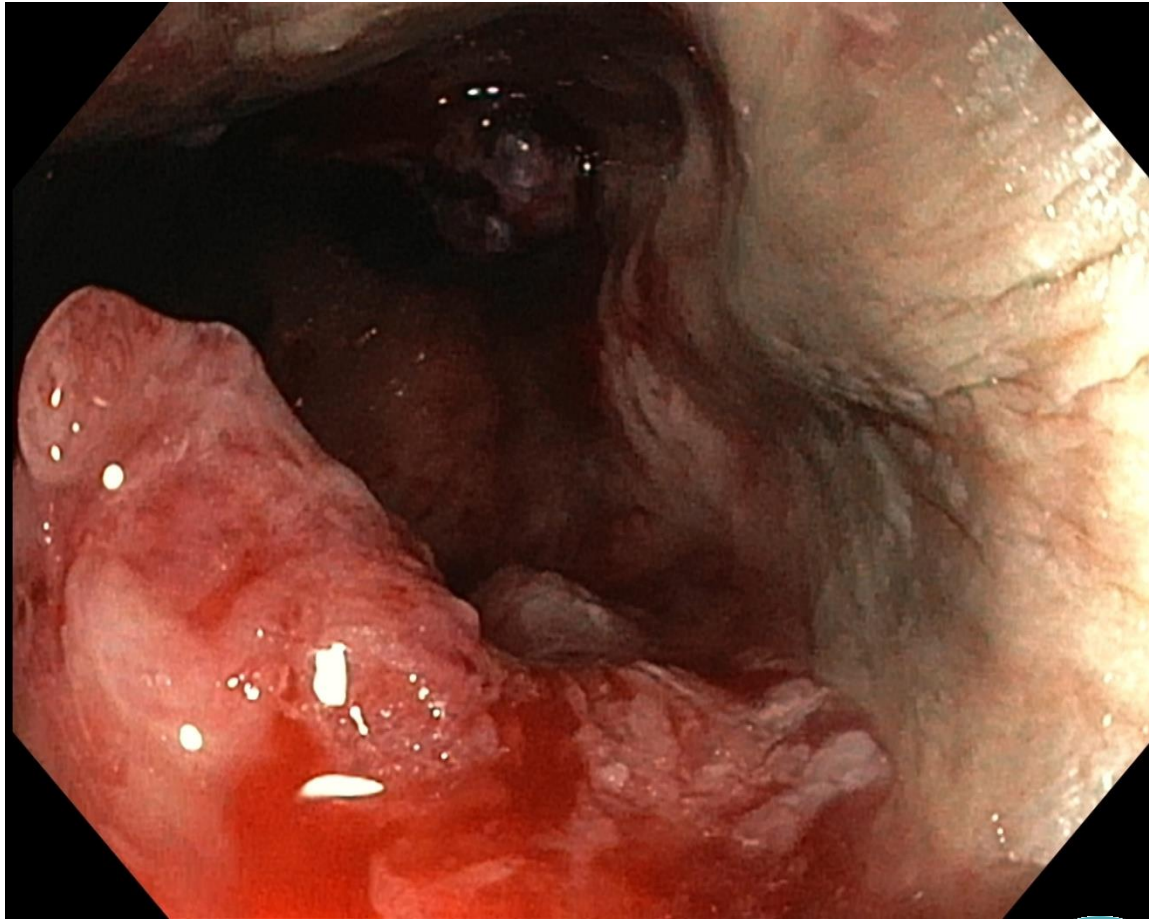
Follow up recommendation

- 1st year – 3 monthly
 - 2nd year – 6 monthly
 - 3rd year onward – every yearly
- } First 2 years

- H & E, proctoscopy every visit, CEA
- Colonoscopy – 1st year, 3rd year, 5th year
- CT every yearly



After 13 months



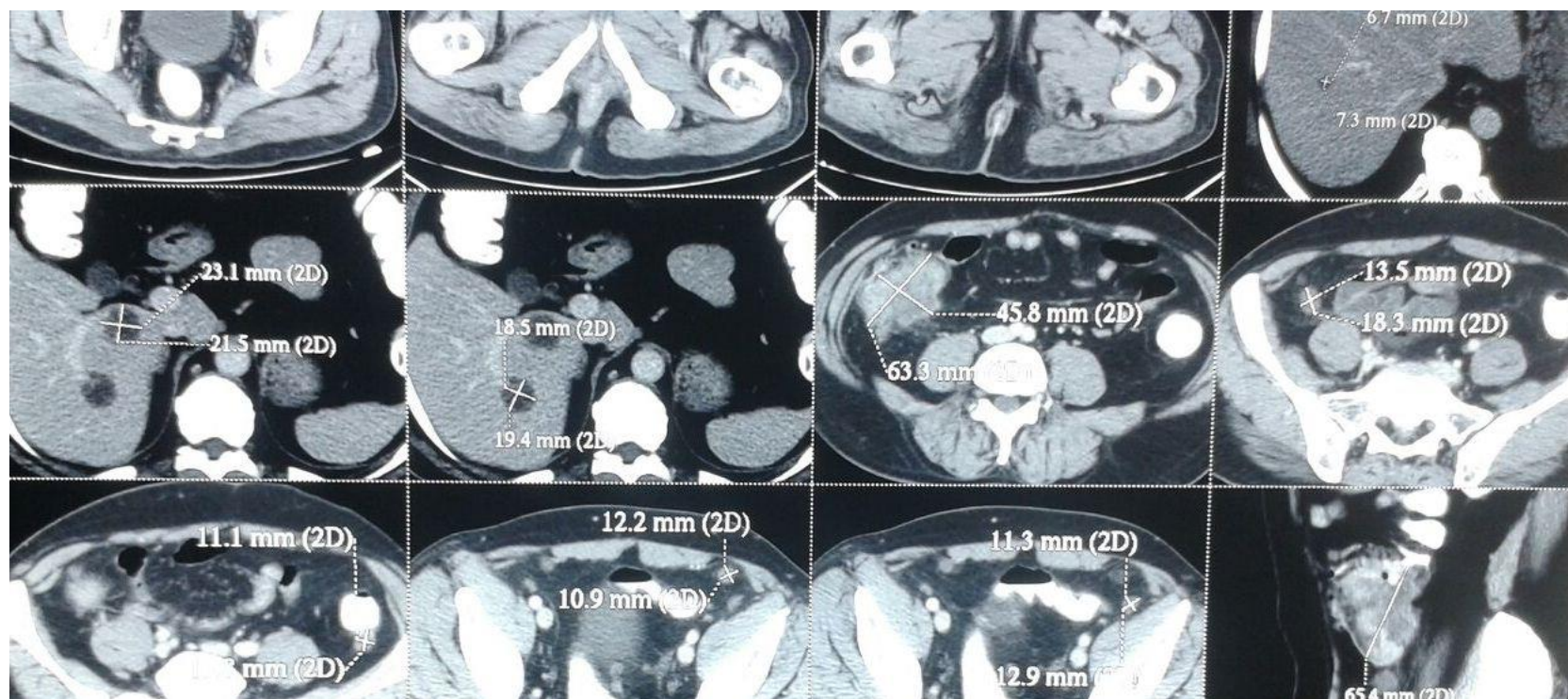
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Case II

- 58 year male
- Altered bowel habit – 2 months
- Anorexia – weight loss
- Medical management – a month
- Colonoscopy – **right colon mass**
- CEA - high



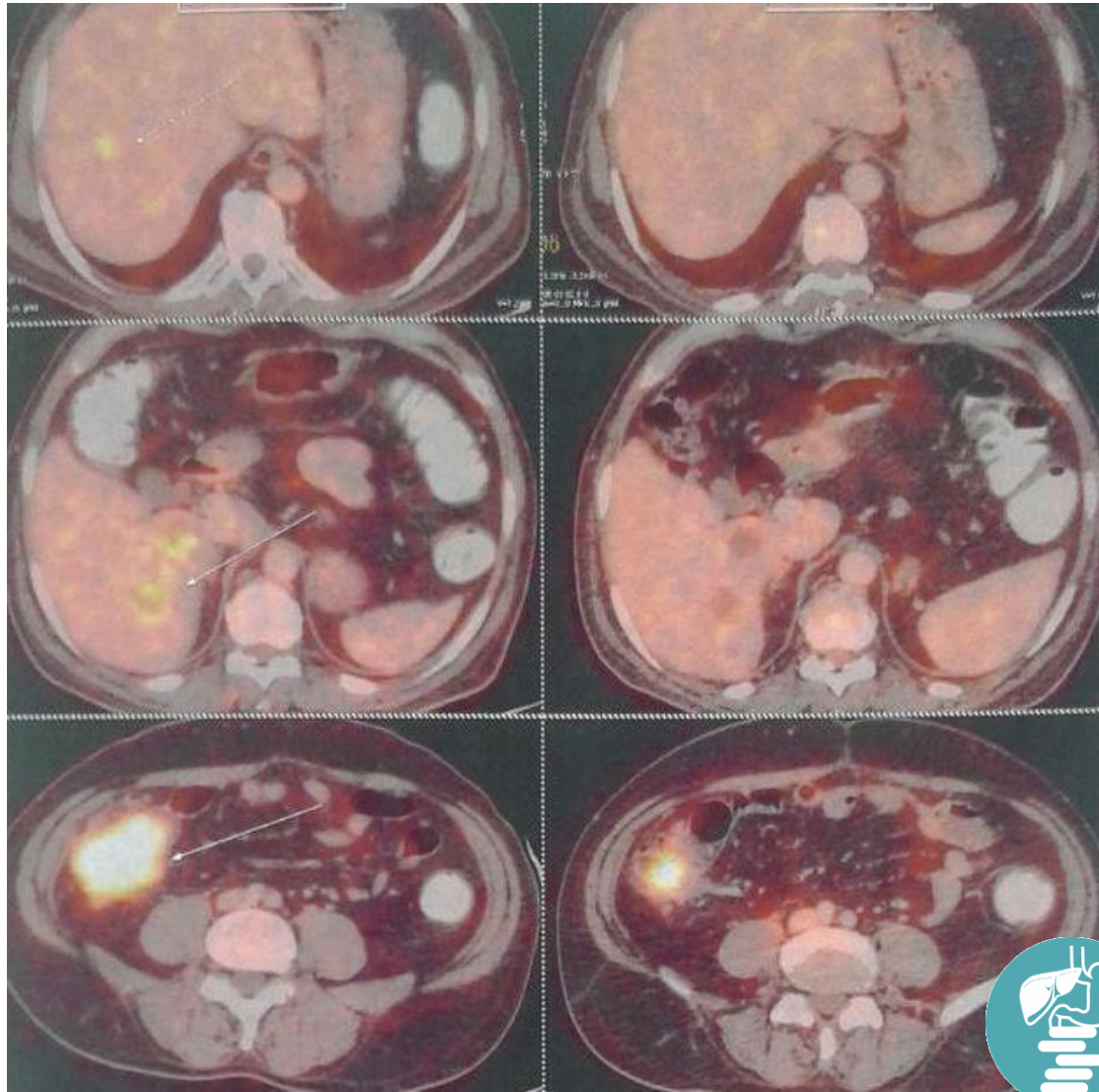
CT abdomen



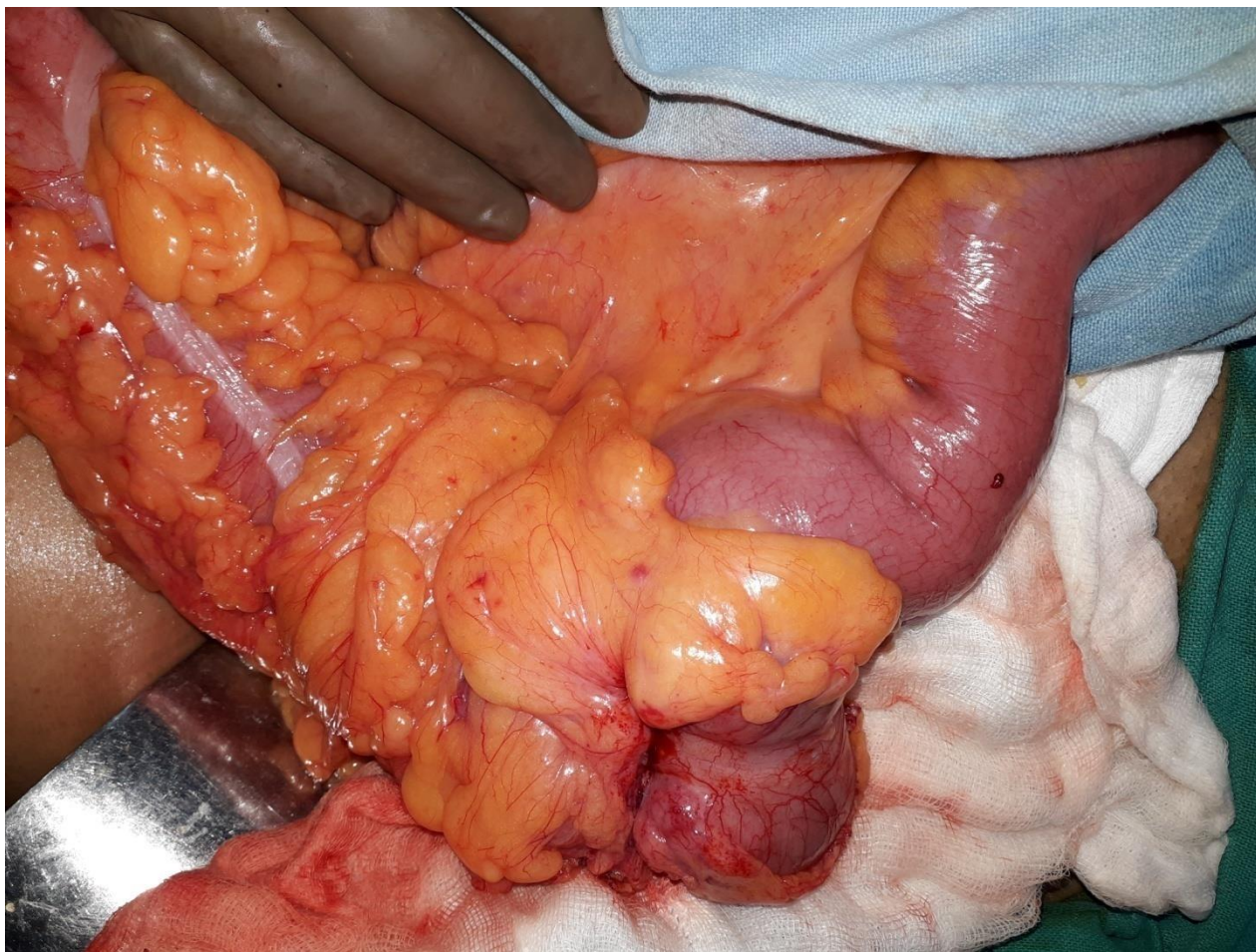
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PET CT



Right hemicolectomy + right hepatectomy



[Right hepatectomy.avi 17.3.15.a](#)



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Case II biopsy

- Biopsy - T3N1M1 (2/17 LN, vascular invasion)
- 2 liver metastasis



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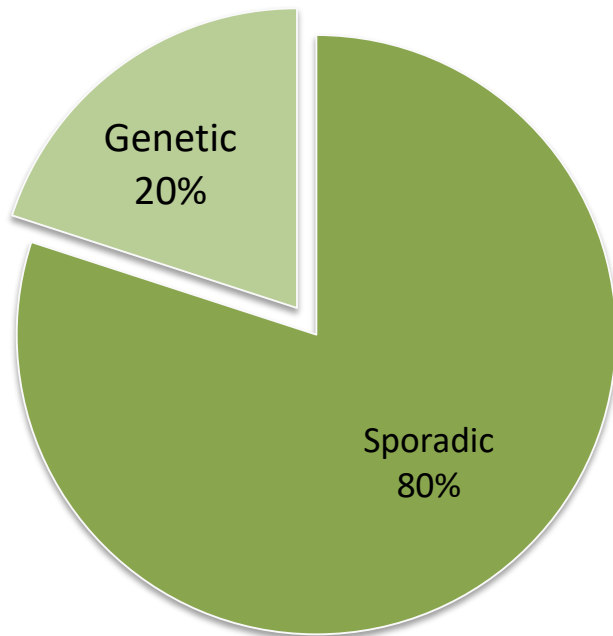
Case III

- 42 year male
- Bleeding per rectum – 6 months
- Colonoscopy – right colon mass with multiple polyps
- Family history
 - Father – colon cancer 45, died
 - Aunt – endometrial ca, died < 50



Lynch syndrome

1. Lynch syndrome
2. FAP



- Germ line mutation of MMR
- Multiple colonic polyps
- More on right side
- 10 – 100 in numbers
- Polyps – 20 – 25 years
- Cancer – 40 – 48 years (80%)



Lynch syndrome

Surveillance	Examination	Start at age (years)	Interval (years)
Colon	Colonoscopy	20–25	1–2
Endometrium	Gynaecological examination, transvaginal US	30–35	1–2
Stomach*	Gastroscopy	30–35	1–2
Urinary tract	Urine cytology	30–35	1–2



Case IV

- 19 year old male
- Abdominal pain, distension & vomiting for 5 days
- Father died at the age of 35 after 3 stage colonic surgery
- Hb – 7 gm%
- X ray/CT scan



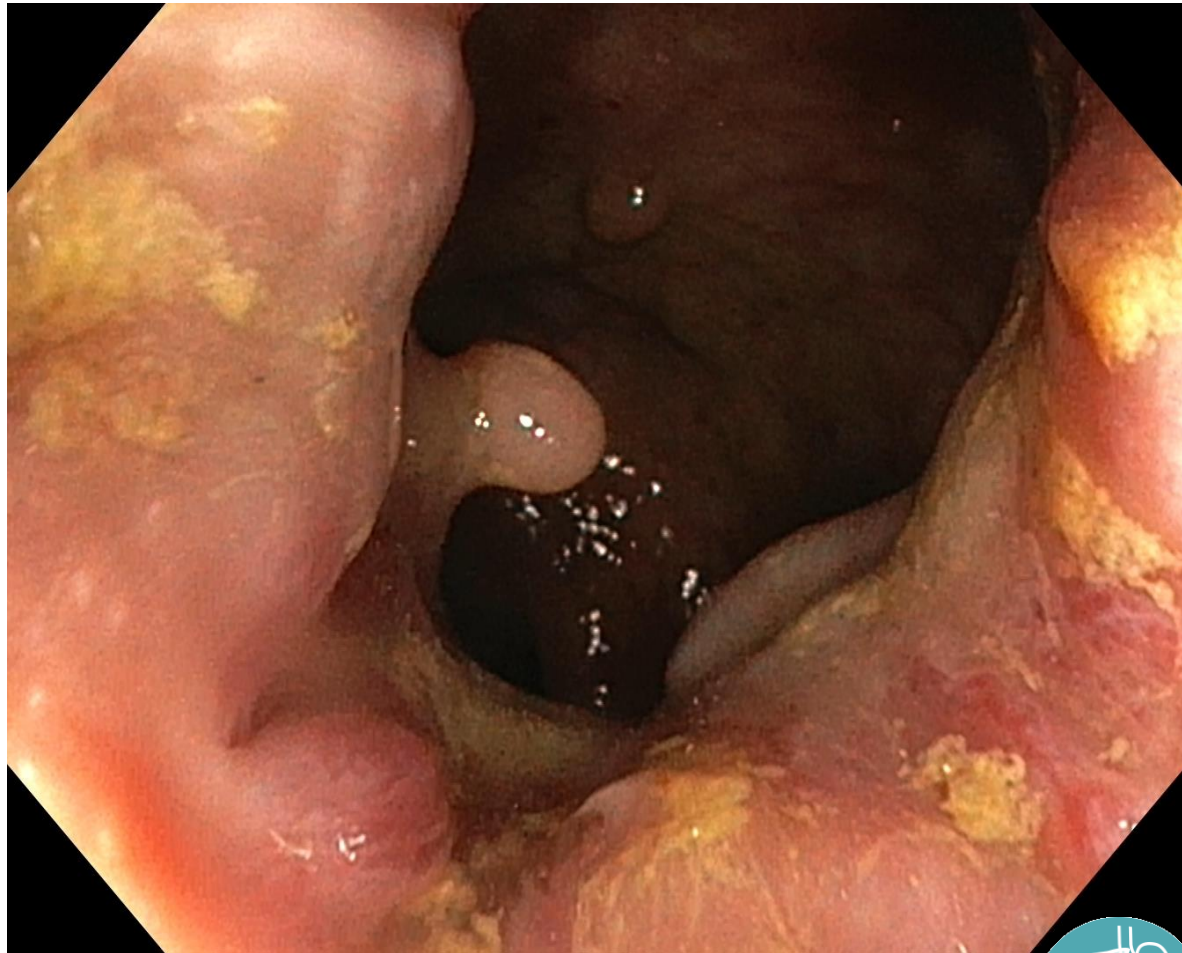
Case IV - CT scan



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Case IV - sigmoidoscopy

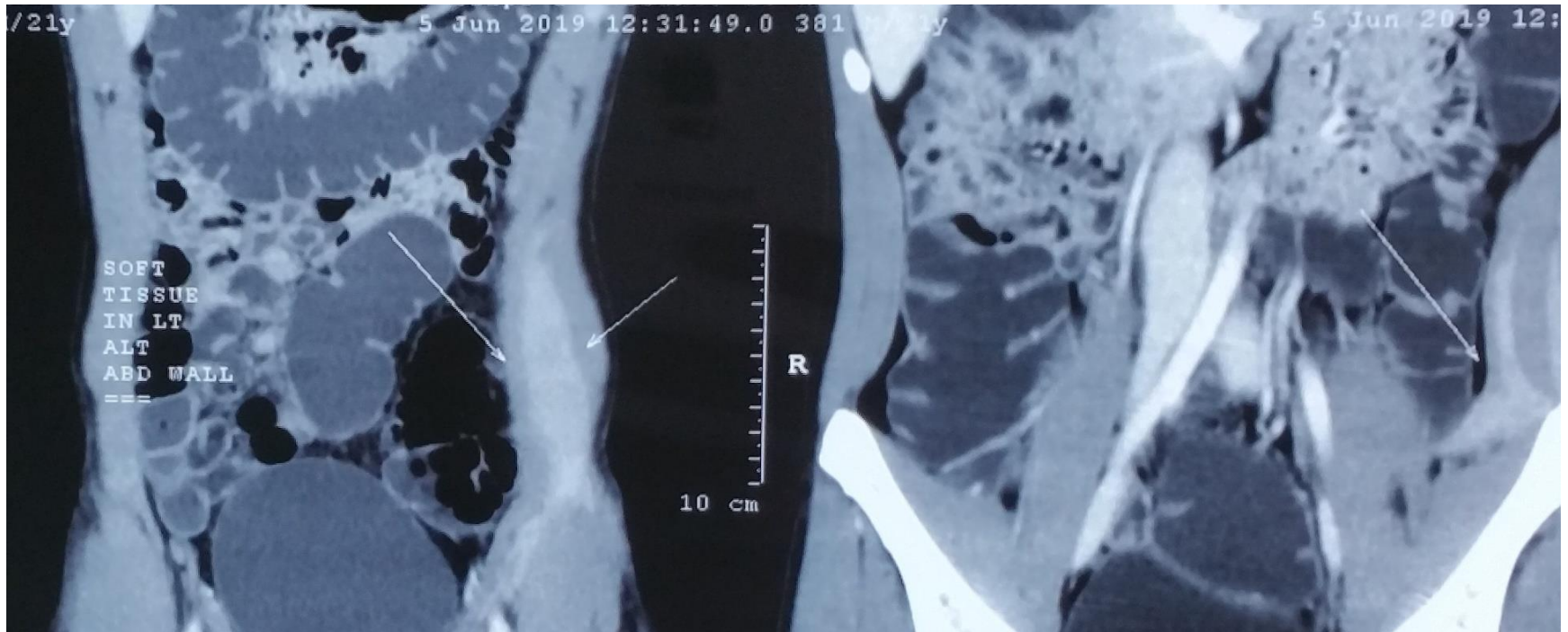


Familial adenomatous polyposis

- Autosomal dominant
- Colorectal polyps, osteomas, epidermoid cysts, lipomas, desmoid tumour
- Polyps – by the age of 16
- CRC by the age of 39 (100% penetration)
- Stomach polyps, small bowel tumor, HPB, CNS tumors



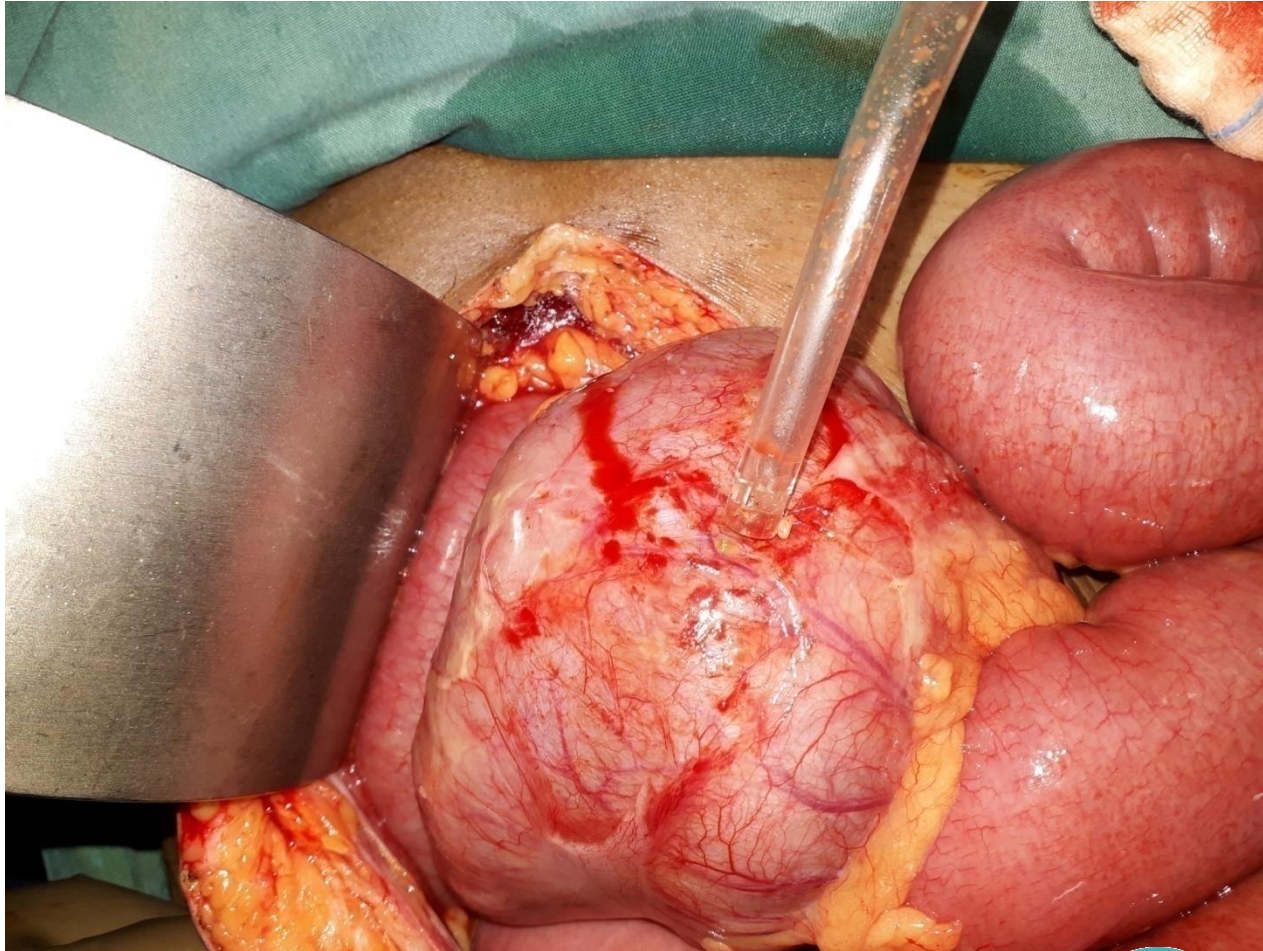
Case IV – desmoid tumor



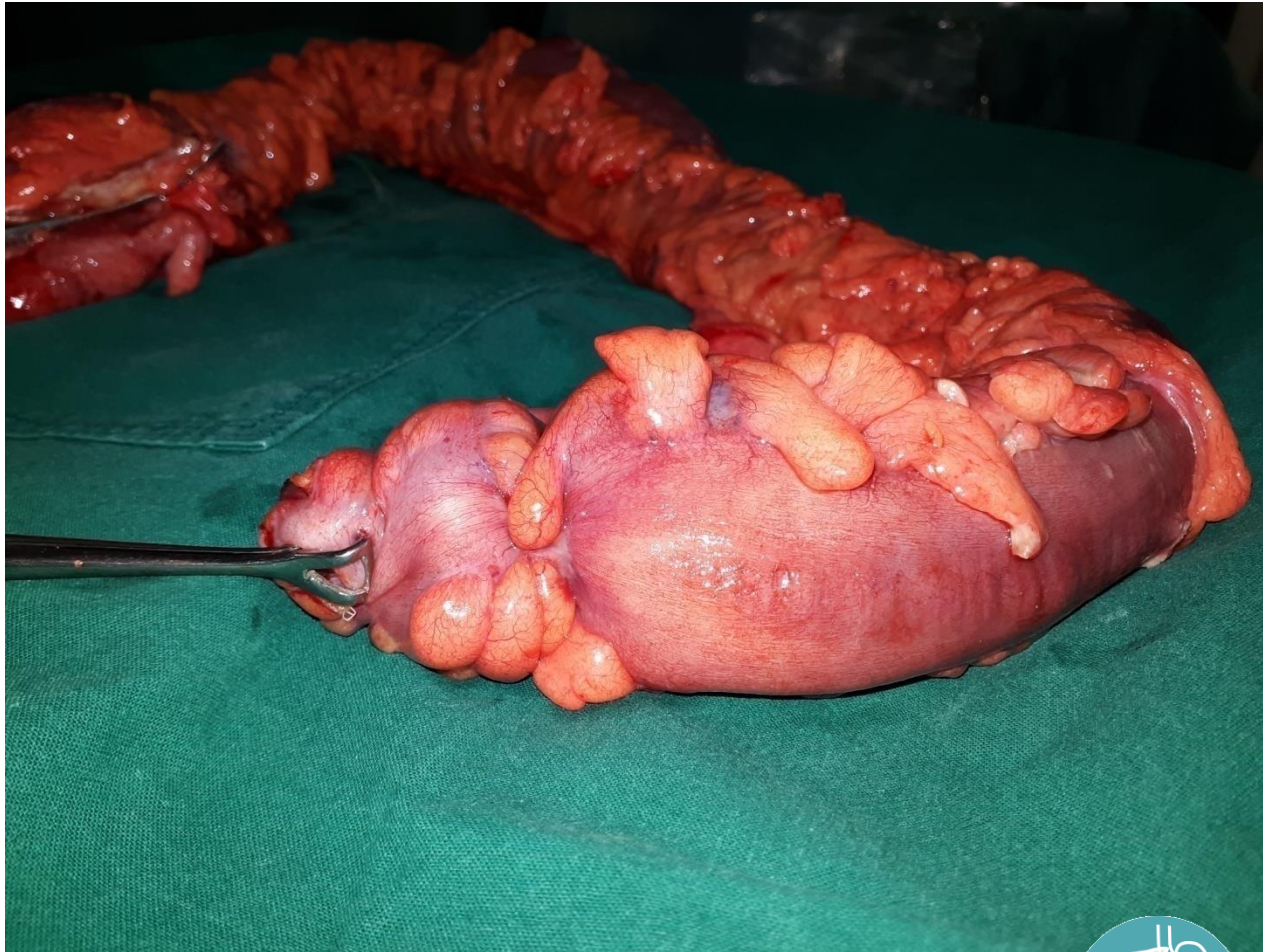
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Intra – op, colonoscopy



Total colectomy + anterior resection + Hartmann



Total colectomy + end ileostomy + Hartmann



Case V

- 38 year female
- Ulcerative colitis > 10 years
- Bleeding P/R & frequency of stool
- Upper rectum ca
- Staged procedure

Ulcerative colitis > 10 – 12 years
Every 1 – 2 yearly colonoscopy



Summary

- Low threshold for colonoscopy
- Use PET CT judiciously
- Neo-adjuvant & adjuvant treatment made the difference
- Laparoscopy = open, quality of surgery, 12 LN
- Follow up
- Liver metastasis = not an end of the day
- Familial CRC cancers – different treatment



Thank you