

## Colorectal cancer down staging in geriatric oncology

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### Abstract

Colorectal cancer presentations are often seen with an isolated metastatic spread to the liver. These lesions may be amenable to surgical resection through hemi-hepatectomy or hepatic metastasectomy and in the skilled hands of a hepato-biliary surgeon, achieve down staging. This becomes a curative management for such patients. While there is evidence through surgical trials in younger patients, geriatric population has not been studied. It is only recently that patients of advanced age are being offered more complex management plans in cancer care. A case of Mr AC, who at the age of 86 years, presents with colorectal cancer and 3 FDG avid liver metastases on PET scan. Despite a number of comorbidities including CAB in 1995, he undergoes right laparoscopic hemicolectomy in April 2014. After discussions with colorectal and hepato-biliary surgical teams, he is offered quasi-neoadjuvant chemotherapy with modified FOLFOX in order to undergo right hemi-hepatectomy. This is followed by adjuvant chemotherapy with CAPIRI. Patient has been on active surveillance since, with no recurrence of his malignancy. He leads an active life playing competitive Bocce, and has been to Italy twice to visit his family. This case demonstrates that in selected cases, with fit geriatric patients and multidisciplinary care provision, colorectal down staging with surgical procedures to the liver may provide the patient a potential cure of their malignancy