



A PATIENT-FOCUSED ORGANIZATION

VIRTUAL NATIONAL SUPPORT GROUP MEETING VIA ZOOM

SUNDAY, July 17, 2022

DRAFT - GENERAL MINUTES

Life is life, fight for it

Note: The purpose of these minutes is to share information among members of the group and to provide a journal of various treatment journeys. While names are not used to protect privacy, it is never possible to completely guarantee anonymity or confidentiality. If you do not wish to have your (anonymous) information included in the minutes, please inform the chair. If you share personal health information about anyone other than yourself (at the meetings or otherwise), we assume you do so with his or her permission.

1. Treatment & Research Updates

The Chair reviewed Update #6 with the group which focused on 3 clinical practice changes that came out of the biggest oncology conference (American Society of Clinical Oncology – ASCO). The 3 practice changes are summarized below.

Update #6. CRC Practice Changes After Attending ASCO 2022 (Jun.8/22)

Here are the practice changes after attending the ASCO 2022 Conference:

- i. Test for circulating tumor DNA (ctDNA) in patients with stage II colon cancer to help determine whether to recommend adjuvant chemotherapy. Tie et al presented data from their randomized controlled trial of ctDNA monitoring versus standard of care. The patients without ctDNA were not given any adjuvant chemotherapy. Such an approach really limits the number of patients who receive adjuvant chemotherapy without any compromise in survival.
- ii. Test patients with stage II and III rectal adenocarcinoma tumors for mismatch repair deficiency (dMMR) and, if present, refer them to Memorial Sloan Kettering. Results from the first 12 patients treated with ICPI (dostarlimab) alone for 6 months achieved a 100% complete clinical and radiographic response and are being observed closely. To date, none has relapsed and none has gone on to radiation/surgery.
- iii. Use panitumumab (pani) along with FOLFOX or FOLFIRI to treat left-sided metastatic colorectal cancer (mCRC) that is not dMMR. The PARADIGM randomized controlled trial demonstrated a statistically significant 3.6-month improvement in median survival with pani as opposed to bevacizumab, and at 5 years, the OS was 32% compared with 21%. The overall response rate was higher as well (80.2% vs 68.6%).

Click here to see this month's treatment & clinical research updates: [Treatment and Clinical Research Updates](#)

2. [Sharing](#)

(Please note: Not all patient and caregiver stories are contained in this document. Please join us at our Zoom meetings every third Sunday of the month to gain the true benefit of patients' inspirational journeys. See upcoming meeting dates appearing at the end of this document). Comments have been edited for clarity.

(New Case # 302) He is representing his 69-year-old father who presently resides in China. His father was diagnosed with Stage 4 left-sided colorectal cancer on June 20th, 2022, with metastatic disease to his liver. His father is presently receiving Xelox and Cetuximab. He wants to bring his father to live with him in Toronto so he can continue receiving treatment without delay. It was mentioned that it is encouraging that his metastatic disease is limited to his liver.

He was advised to contact the Chinese consulate as soon as possible so they can assist him to make a compelling case for his father to receive care under OHIP as soon as he arrives. If there is an urgent need to receive treatment, OHIP will perhaps waive the 3-month waiting period. There are two Programs that his father might qualify for in Ontario that are not available in China, The Living Donor Liver Transplant Program at Princess Margaret Hospital and The Hepatic Artery Infusion Pump (HAIP) Chemotherapy Program at Sunnybrook. For these two programs, he cannot have extrahepatic disease. One of the advantages of the HAIP program is that they will remove the primary tumour. He was advised to line up the specialists for these 2 programs before his father arrives. They are Dr. Paul Karanicolas and Dr. Michael Raphael for HAIP at Sunnybrook and Dr. Gonzalo Sapisochin for the Living Donor Liver Transplant Program at Princess Margaret Hospital.

He was advised that his father should receive treatment without delay when he arrives so there is less possibility of disease progression.

(New Case # 303) He is 55 years old. He was diagnosed with rectal cancer in June 2021. He received 25 sessions of radiation and Xeloda and after a one-month break, he had 8 rounds of Folfox which ended at the end of January 2022. They performed surgery on March 4 and there were only tiny remnants of cancer left but the surgeon felt that the bladder and prostate had been impacted so the bladder, prostate, and large intestine were removed. The surgeon felt that the margins were clean and the 20 lymph nodes that were removed were also clean.

When he had his original CT scan last year, they saw three spots on his lungs and one spot on his liver which they determined were non-cancerous. His latest scan shows 6-10 lung mets in the two lungs. We requested a copy of the latest scan. He was advised to request a consult with Dr. Marcelo Cypel, who is a Thoracic Surgeon at PMH, to chat about the In Vivo Lung Perfusion Study. Once he registers with CCRAN, we will be assisting him.

(New Case # 304) She is 55 years old and was diagnosed with rectal cancer in February 2022. She had 5 rounds of chemo and it was downstaged to 2A T3 N0 post-surgery. The 51 lymph nodes that were tested were negative and there were good margins. She is now on Capecitabine and is experiencing severe hand and foot syndrome. Her next round of chemo was canceled. She asked whether switching to 5FU instead of reducing her dosage of Capecitabine would help alleviate her symptoms and have the same effect. She was told that since Capecitabine, which is taken orally, is the equivalent to 5FU, switching would be recommended since 5FU does not have the same side effects. It was recommended that she not delay switching.

(Case # 254) Diagnosed June 2019 at age 50 with cancer in the rectum. Radiation/chemo and successful

surgery in the removal of the rectum. Temporary ileostomy and then reversal of same. March 2021 colonoscopy results were good and was told to repeat in 3 yrs. time. Currently NED. He has a weak pelvic floor and rectal prolapse which is being addressed by physiotherapy but has not achieved the desired results. His surgeon is not able to perform rectal prolapse surgery. CCRAN has recently recommended that he have a consultation with Dr. Quereshy, who is a surgical oncologist at UHN. There was a group discussion as to why Dr. Quereshy is so special and why CCRAN recommends him so highly.

(Case # 292) She is 45 years old. She had surgery on her sigmoid colon and was diagnosed with stage 3C. She was later diagnosed with stage 4 with lung mets. She has had 5 cycles of Folfox and has low levels of neutrophils, which are white blood cells that protect your body from infections. She had one injection of Lapelga, which is used to treat neutropenia. Her doctor may have to postpone her next round of chemo if she still has low levels of neutrophils. It was suggested that she increase her injections rather than postpone chemo.

(Case #285) She was diagnosed last year at 36 years old. Has lymph nodes positive, and disease in her spine, and liver. Originally, they thought it was lymphoma, but it was confirmed to be colorectal cancer. She recently consulted with a Hepatobiliary Surgical Oncologist who advised her she was not a surgical candidate. She has asked for a consult with Dr. Chen to see if there are any clinical trials available to her. Her Oxaliplatin dosage has been reduced to 60%. She has done 15 rounds of Folfox and panitumumab. Her CEA level is down to 4 and she is no longer experiencing severe neuropathy. She has a CT scan scheduled for the end of July. She asked whether she has any other options. She was asked whether she has had any genetic profiling to see if there were any actionable mutations. She has done Foundation One testing and nothing came of it. Foundation One only tests a certain number of genes. She has MSS, and in CCRAN's latest Treatment and Clinical Research Updates there is mention of more and more trials focusing on MSS Disease. Her oncologist mentioned that if she cannot continue oxaliplatin that there is always a possibility of taking panitumumab alone.

(Case #286) She was diagnosed with stage 4 rectal cancer with lung metastases at 52 years old. She is presently on a chemo holiday from folfiri. She was referred to a thoracic surgical oncologist to see if she qualifies for the In Vivo Lung Profusion study for the treatment of her lung metastases. She has just recently advised us that Dr. Cypel has approved her for the surgery and study to the lung metastases to both her lungs provided she continues to stay off the chemo for a bit longer, in the hopes there is no explosion of disease in her lungs.

It has been almost three months since her last chemo treatment. Her latest scan revealed that her tumours increased in size and are in the left and right lungs. She is now waiting for the next meeting with Dr. Cypel. She is still quite active and feels quite comfortable with the upcoming meeting.

(Case #283) He is a stage III patient who is NED. He is scheduled for a CT scan and bloodwork on September 26, but is otherwise doing very well.

(Case #197) His original diagnosis (stage III rectal cancer) was in 2008 and he was in remission for 10 years. He received a diagnosis of stage 4 in 2018. In 2021, with the help of CCRAN he had surgery in both of his lungs. He started chemo again at the end of January. His present CEA level is around 10. He is seeing his oncologist on Tuesday to determine whether he should stay on Folfox or switch to Folfiri and Panitumumab. Next Thursday is chemotherapy #75.

The next meeting dates for 2022 are as follows at 1:00 p.m. sharply:

Sunday, August 21, 2022

Sunday, September 18, 2022
Sunday, October 16, 2022
Sunday, November 20, 2022

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