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Friday 07 Jun 2024

Professor Marco Gellinger
Professor in Medical Oncology
Leaders in Oncology Care
gelingerpa@hcahealthcare.co.uk

Dear Marco,

Patient Name: Jialin Yang; 06 Mar 1985;
Cornell House 13 Ron Leighton Way, London, E6 1EQ ; zakkyang@hotmail.com

Diagnosis: Metastatic (liver) sigmoid adenocarcinoma, MMRp, RAS/BRAF wild type - liver biopsy confirmed;

Investigations:

27/09/2023 Gastroscopy: non-erosive gastritis; CLO negative

24/01/2024 Liver biopsy: Moderately differentiated adenocarcinoma - Core biopsies of liver tissue infiltrated by moderately differentiated adenocarcinoma with areas of necrosis. The background liver demonstrates a normal architecture and no evidence of cirrhosis. On immunohistochemistry there is positive staining for MOC31, Cam5.2, CK7, CK20, CDX2 and TTF1. HSA, glypican 3, PSA and NKX3.1 are negative. No liver special stains have been performed to preserve tissue for biomarker testing, if required. The immunophenotype suggests a gastrointestinal or lung primary. Did the patient have a colonoscopy? Close clinicoradiological correlation is advised. SUPPLEMENTARY REPORT - MMR normal.

14/02/2024 FDG PET CT (Barts): There are at least seven metabolically active lesions throughout both lobes of the liver which are suspicious for hepatic metastases. The focus of uptake within the sigmoid colon could represent bowel spasm, however a colonoscopy is advised to rule out a primary colorectal malignancy. There is no metabolically active disease identified elsewhere.

17/02/2024 Colonoscopy (Royal London Hospital): 18mm polyp at 25cm. Colonic bx only suggested low grade dysplasia;

21/02/2024 Royal London Hospital HPB MDT: Treat this as colonic malignancy with multiple liver-only metastases

08/03/2024 TWH GI & HPB MDT: - For chemotherapy with FOLFIRI cetuximab if Ras/Raf wildtype, FOLFOXIRI bevacizumab, if mutant. Possible resection options in future depending on response. Baseline MRI.

28/05/2024 HSC MDT: Sigmoid primary less bulky. Partial response from all liver metastases - most have calcification associated with them; For MRI liver with Primovist and FDG PET CT

Plan:

1) **To consider combined liver and Colon resection once being assessed by Mr Christopher Chan;**
2) **To be reviewed by Mr Christopher Chan on 10/06/2024;**
3) **HPB MDT after Mr Chan's review**

Thank you for referring Jialin to myself for the consideration of combined liver and colonic surgery.

I reviewed Jialin at our Marylebone HPB Centre at the 88 Harley Street Clinic today.

Jialin is a very fit 39 years old gentleman, who was referred initially to the Royal London Hospital Gastroenterology department as a 2 weeks wait referral for ongoing weight loss and dysphagia at the end of September 2023. Upper gastrointestinal endoscopy was performed on 27/09/2023. The test was essentially normal, apart from possible gastritis. An urgent CT abdomen was also performed on 18/10/2023, which revealed a solitary liver lesion. The radiologist suggested that the liver lesion might represent haemangioma. However, subsequent MRI liver was suspicious for malignancy. After discussion in the Royal London Hospital HPB MDT on 07/02/2024, MDT felt that liver biopsy would be useful to establish the diagnosis and therefore guide the management.. The biopsy confirmed moderately differentiated adenocarcinoma. Jialin was informed of the diagnosis by Dr Janet Dearden, Consultant Hepatologist at the Royal London Hospital. This triggered a subsequent FDG PET CT on 14/02/2024.

FDG PET CT on 14/02/2024 revealed at least seven metabolically active liver lesions. There was also focal avidity at the sigmoid colon. All these were suggestive of metastatic sigmoid cancer.

Following discussion at the Royal London Hospital HPB MDT on 14/02/2024, a colonoscopy was performed on 17/02/2024. Four colonic polyps were identified. There was one 18mm subpedunculated polyp identified in the sigmoid colon coinciding with the avid lesion at FDG PET. That polyp was not tattooed. Unfortunately, colonic biopsy did not confirm underlying malignancy.

He was then re-dicussed at the Royal London Hospital HPB MDT on 21/02/2024. Based on PET CT finding and liver biopsy result, Royal London Hospital HPB MDT recommended treating Jialin as metastatic (liver) sigmoid cancer.

He was reviewed at the Barts Oncology Centre by yourself, and the patient then decided to transfer his treatment to the private sector.

Since March 2024, he has been treated with FOLFIRI and cetuximab.

We recently reviewed his imaging at the HCA HPB MDT on 28/05/2024. Patient has a very good response following his chemotherapy. All the liver metastases have reduced in size. Although there are at least seven metastases, all the metastases were located peripherally, apart from one 2mm liver lesion, which is more centrally placed in the right liver.

The performance status of Jialin is 0. He had been treated for hepatitis C virus, which was subsequently eradicated. He also had lung surgery for pneumothorax when he was young.

I explained to the patient regarding the potential treatment option. The liver treatment is likely to be a combination of liver resection and intra-operative ablation. The ablation is likely to be for the central 2mm lesion within her right liver. However, there is a risk that we might not be able to visualise that lesion at the time of surgery due mainly to its size (2mm) and steatotic liver following chemotherapy. I have also explained the potential risk of liver resection, including liver failure, bile leak, collection, unresectable and mortality (<2%).

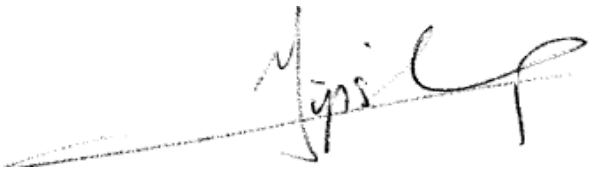
I also explained to him that it might potentially be feasible for a combined joint colon and liver resection. However, he will need to be fully assessed by Mr Christopher Chan, Consultant Colorectal surgeon, who will review him next Monday to confirm whether a synchronous resection is feasible.

His last chemotherapy was last week. Once we confirm for surgical management, I explained to the patient that the optimal operation period is between 4 - 6 weeks from the last chemotherapy.

I would await Mr Chan's clinic assessment. Once patient has been reviewed by Mr Chan, I would bring his case back to the HPB MDT to finalise the operative plan.

Once again, thank you very much for your referral.

Kind regards,



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Consultant Gen/HPB Surgeon

CC.
Patient

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