# Complete Remission after Systemic Chemotherapy and Radiation Therapy in Metastatic Esophageal Squamous Cell Carcinoma Patient 

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Many patients with esophageal cancer are diagnosed in advanced stage. Based on NCCN guideline(version 2. 2012), patients with metastatic esophageal squamous carcinoma are treated with chemotherapy or best supportive care according to patient's performance status. We encounter a patient with esophageal squamous cell carcinoma with metastatic lesion in 5th thoracic vertebrae.

A 57-year-old man with a chief complaint of ongoing dysphagia and weight loss ( $5 \mathrm{~kg} / 2$ months) was admitted to our hospital. The patient was diagnosed to have squamous cell carcinoma of the mid to upper thoracic esophagus with metastatic lesion in $5^{\text {th }}$ thoracic vertebrae (T3N3M1, Stage IV). He underwent systemic chemotherapy with 5-FU $\left(750 \mathrm{mg} / \mathrm{m}^{2}\right) /$ Cisplatin $\left(75 \mathrm{mg} / \mathrm{m}^{2}\right)$ to treat systemic metastatsis and radiation therapy $(6120 \mathrm{cGy} / 34$ fraction) to treat metastatic lesion in 5th thoracic vertebrae for 2 months. Fortunately the primary esophageal mass was in radiation filed. After radiation therapy, he continued to have chemotherapy with $5-\mathrm{FU}\left(1,000 \mathrm{mg} / \mathrm{m}^{2}\right) /$ Cisplatin $(100 \mathrm{mg} /$ $\mathrm{m}^{2}$ ) for 4 cycles. Primary tumor with metastatic lymph nodes and metastatic lesion in $5^{\text {th }}$ thoracic vertebrae was disappeared on follow up PET/CT. Follow up endoscoic biopsy revealed no malignant cells in the previous cancer lesion.

- Chief complain: ongoing dysphagia (Onset: 2 months ago)
- Present illness: 2달 전 발생하여 점차 악화되는 연하곤란 및 체중감소 ( $8 \mathrm{~kg} / 2$ months)가 있어 인근 병원 방문하여 상부 위장관 내시경 시행 받았으며, 식도 상부에 출혈과 식도협착을 동반한 종괴가 관찰되어 본 원 내원.
- Past medical History:
: 6년전 무릎 수술
- PHx: current-smoker (20 Pyr)

Alcohol (소주 1병 daily 20년)

- $\mathrm{FH} x: \mathrm{N}-\mathrm{S}$


## 2011-11-09

- ROS: General weakness (ECOG 1) Poor oral intake (+)

Nausea/Vomiting (-/+) Cough/sputum (+/+)
Epigastric pain (-) Diarrhea/constipation (-)
Direct tenderness/Indirect tenderness (-/-)

- Physical Examination:
non tender hard mass, right supraclavicular area
- Lab WBC/Hb/Plt 7,200/mm ${ }^{3}$ (65\%)/11.3 g/dl/321,000/mm ${ }^{3}$
$\mathrm{Na} / \mathrm{K} / \mathrm{Cl} / \mathrm{t}-\mathrm{Ca} 141 / 4.5 / 106 / 8.8$
AST/ALT/ALP 13/24 IU/L
total protein/albumin $6.6 / 3.5 \mathrm{~g} / \mathrm{dL}$,
T/D bilirubin 0.36/0.16 mg/dL,
BUN $8.8 \mathrm{mg} / \mathrm{dL}$, creatinine $0.63 \mathrm{mg} / \mathrm{dL}$
PT/aPTT $1.01 \mathrm{INR} / 40.0 \mathrm{sec}$





## Treatment plan

- Metastatic esophageal squamous cell carcinoma: Systemic chemotherapy (5FU, Cisplatin)
- T5 metastatic lesion: chemotherapy or radiation therapy
- Dysphagia: stent or brachytherapy or radiation therapy

1) Primary esophageal carcinoma와 T5 lesion에 대한 radiation field가 겹침.
2) 기대여명이 6 개월 이상일 것으로 판단되며, 내시경이 협착 부위를 통과 가능하여 즉각적인 호전을 위한 stent 삽입보다 radiation therapy를 고려하였습니다.





## Clinical course

- Systemic chemotherapy와 metastatic lesion과 dysphagia에 대한

Radiation Therapy 후 Complete remision

- Dysphagia 호전 및 Weight gain(49 kg ->65 kg)으로 general condition 은 양호한 상태
- 6 cycle chemotherapy 후 Creatinine 상승으로 chemotherapy 중단한 상태
=> 주기적인 CT, Endoscpoy F/U 및 lab F/U하면서 재발 여부 확인


## Stage IV esophageal carcinoma

- 진단 당시 Stage IV(\%): 8.6\% (in Japan)
- Stage IV 1 year survival rate: 28\%
- 절제불 가능한 stage IV 진행성 식도암의 치료 방법에 따른 효과 비교 (고신대학교)

|  | 적극적 <br> 치료군 | 화학요법 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | 방사선 치료 $\left.$| 화학방사선요 |
| :---: |
| 법 | | 순차ㅅㅓㅓ황합밥 |
| :---: | | 대증적 |
| :---: |
| 치료군 | | Stage IV |
| :---: |
| total | \right\rvert\,

