Colorectal cancer

Markus Jördens

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Digestive Oncology | Immunology | Mechanisms & Personalised Medicine

October 5, 2025

The speaker presented a case of a 66-year-old woman with metastatic microsatellite instable colon cancer who achieved dramatic clinical and radiographic response to ipilimumab plus nivolumab followed by nivolumab maintenance, with resolution of ascites, disappearance of visible liver metastases, and relief of tumor-related obstruction after three months.

KEY POINTS

- The patient presented with a stenosing colon tumor 40cm from the anus, liver metastases, peritoneal carcinomatosis, ascites, and subileus symptoms, having never undergone prior colonoscopy screening.
- Molecular testing revealed the tumor was microsatellite instable with loss of MLH1 and PMS2 expression confirmed by PCR, and also showed a BRAF mutation and moderate HER2 score.
- Treatment consisted of ipilimumab plus nivolumab every three weeks followed by nivolumab monotherapy every four weeks, based on the speaker's reference to a trial he called checkmate 8HW.
- At three-month follow-up imaging, the speaker reported ascites had resolved, liver metastases were no longer visible on CT, colonoscopy showed the tumor was passable with no stenosis, CEA normalized, and the patient required no stoma.
- The speaker stated this patient experienced no relevant side effects from treatment and is living a normal life on four-weekly nivolumab infusions, though he acknowledged this favorable tolerability may not always be the case.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/98a97bc4-a82e-11f0-9d7f-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.