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Cisplatin plus Etoposide in the Management of Metastatic Neuroendocrine Tumors of the Colon and Rectum

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Background: The combination of cisplatin and etoposide is effective in the treatment of small cell lung cancers and other high grade neuroendocrine tumors (NET). This combination has been considered as a default treatment for patients with high grade NET of the colon and rectum (CRC). Yet no formal series describe the activity of this regimen in this patient population. We report a single institute experience on treating 8 patients with metastatic colorectal NET with cisplatin and etoposide.

Methods: Using pharmacy records and tumor registry records, we searched for metastatic CRC NET patients treated with cisplatin and etoposide. Responses were categorized using RECIST 1.1 guidelines.

Results: We identified 8 patients with colon or rectal metastatic NET who were treated with cisplatin and etoposide between May of 2003 and August of 2010. All patients had high grade NET. Cisplatin was administered at 80 mg/m² on Day 1 and etoposide at 80 mg/m²/day on Days 1-3, every 3 weeks. Patient characteristics were: median age of 64 yrs (31-83yrs), a male to female ratio of 5/3, and a rectal primary site in 5 patients. All patients had evidence of metastatic disease to the liver at presentation. One patient had concurrent lung metastases, and one patient had concurrent lung, bone, and distant lymph node involvement. Radiographic response consisted of complete response (CR) in 1 patient, partial response (PR) in 4 patients, and stable disease (SD) in 2 patients. The median time to progression was 4.5 months (2 – 9 months) and the median overall survival was 7.75 months (3.5 – 17 months). Two patients received second-line treatment consisting of cisplatin plus irinotecan, both with progressive disease.

Conclusion: Patients with high grade CRC NET have a high response rate to cisplatin and etoposide. The response is short lived and most patients die within 1 year from diagnosis.