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[Gan To Kagaku Ryoho](#). 2009 Nov;36(12):2052-4.

[A case of a 14-month survival patient on advanced esophageal cancer with uncontrolled brain metastasis completely responding to nedaplatin, adriamycin, plus 5-FU (NAF) therapy]

[Article in Japanese]

Iijima S, Makari Y, Kato T, Ooshima S, Hoshi M, Doi T, Miyake Y, Sakamoto T, Kato A, Miyo M, Kurokawa E, Kikkawa N.
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This case was a male patient, about 50 years old. He received a curative operation for advanced esophageal carcinoma [poorly differentiated squamous cell carcinoma type, Lt, pT3 (pAd) pN3, pstage III] in March 2005. He also received adjuvant chemotherapy of 5-FU plus cisplatin (CDDP). Fourteen months later (May 2006) from surgery, metastases to the left lung and left subclavian lymph nodes were diagnosed, so he received first-line triplet combination chemotherapy (NAF regimen; nedaplatin 60 mg/m²: day 1, adriamycin 50 mg/m²: day 1, 5-FU 700 mg/m²: day 1-5). According to the 9 courses of treatment of this regimen, complete response for these metastases was observed and first-line chemotherapy was finished. However, a severe headache appeared 3 months later, and he had a diagnosis of solitary 5 cm brain metastasis by MRI. Excision of the metastasis was performed with sequential whole-brain radiation therapy (30 Gy). Five months later, diffuse and multiple brain metastases relapsed, and second-line chemotherapy did not respond well, and finally he was died 3 months after palliative care. But, completely controlled metastases (lung and lymph node) by first-line chemotherapy did not relapse again in all his clinical period. If an anticancer therapy goes in complete response in an advanced esophageal carcinoma patient, we should consider about a rare brain metastasis in order to find out as small and solitary state.

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