

## **Advanced Colorectal Cancer**

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### **Curable Metastatic Colorectal Cancer**

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Hepatic resection has long been recognized as the single most effective treatment for metastatic colorectal cancer to the liver. Although no prospective randomized trial has ever been conducted comparing resection with other therapies, large clinical series, published over the past 20 years, have documented the possibility of long-term survival unachievable with other treatment modalities. As the safety of hepatic resection improved over time, surgery emerged as the most effective therapy. However, complete resection is possible in only approximately one quarter of all patients who develop liver metastasis. In addition, resection was previously considered a viable option only in patients with limited disease, while those with multiple and/or bilobar tumors were generally considered poor candidates, and the presence of extrahepatic metastatic disease was generally considered to be an absolute contraindication.

The emergence of more effective chemotherapeutic agents has clearly changed the treatment paradigm in patients with hepatic colorectal metastases, such that the traditional definition of resectability is no longer applicable. A number of recent publications have shown excellent long-term results in patients submitted to resection of multiple tumors, bilobar disease, and even extrahepatic metastases. The availability of more effective systemic agents has also led to several new treatment approaches that previously would not have been considered, including two-stage hepatic resections, neoadjuvant chemotherapy, and hepatic debulking procedures.

Contemporary chemotherapy not only improves long-term survival in patients undergoing resection but also increases the number of patients who are potential candidates for surgery. These improvements, however, have also brought potential problems, the most notable of which is hepatic toxicity related to prolonged exposure to

systemic therapy. It is apparent that many patients with potentially resectable disease are being treated with prolonged courses of chemotherapy before being considered for resection. While a neoadjuvant treatment approach may offer some benefits in selected situations, the potential down side is significant and includes impaired postoperative hepatic regeneration, hepatic failure, and increased operative mortality. This observation underscores the importance of a multidisciplinary team approach, with surgeons and medical oncologists working closely to arrive at the most appropriate treatment strategy.