

## Advanced Colorectal Cancer

abstr 0820

### **Systemic Chemotherapy with CapOx in Patients with Potentially Resectable Liver Metastases from Colorectal Cancer**

**Zoran Petrovic**, D Tarabar, R Doder

Department of Gastrointestinal Oncology, Clinic of Gastroenterology, VMA, Belgrade, Serbia

**Background:** Surgical resection is a standard of care for patients with liver metastases from colorectal cancer; however, prognosis remains poor due to disease relapse. This study is comparing the effects of systemic chemotherapy with capecitabine/oxaliplatin (CapOx) and surgery vs. surgery alone in patients with potentially resectable liver metastases from colorectal cancer.

**Methods:** The study is ongoing. As of this posting, 61 patients with potentially resectable liver metastases from colorectal cancer have been included. All patients received six cycles of systemic chemotherapy with CapOx (oxaliplatin 85 mg/m<sup>2</sup> IV day 1, and capecitabine 1,000 mg/m<sup>2</sup> days 1 - 14) every 21 days, prior to liver surgery. After surgery, patients were assigned to receive six cycles of postoperative chemotherapy with CapOx or to be observed.

**Results:** A total of 50 patients underwent surgery after receiving CapOx chemotherapy; 26 patients were assigned to receive postoperative chemotherapy and 24 patients to the observation group. After 3 years of follow-up, five patients in the postoperative chemotherapy group and three patients who had surgery alone are alive.

**Conclusion:** Early results of the study show that addition of CapOx chemotherapy after surgery does not improve survival vs. surgery alone in patients with potentially resectable

liver metastases from colorectal cancer. We are now modifying the CapOx regimen by adding bevacizumab before and also after surgery.