



Treatment protocol proposal regarding multiple synchronous colon cancer hepatic metastases that are initially not resectable in one stage

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Objectives

Depending on individual indications, resectable colorectal hepatic metastatic disease is currently being treated with either the classic, combined or reverse approach respectively. The aim of this study was to assess a 'liver first' treatment protocol for patients with multiple synchronous colon (not rectal) cancer liver metastases, that cannot be initially resected in one stage.

Methods

This was a retrospective study of prospectively recorded data. Eleven consecutive patients (mean age 65.7 years) were included. They were suffering from colon cancer and synchronous multiple liver metastases (type II or III) and no extrahepatic disease. Patients underwent preoperative staging. In case of an imminent bowel obstruction a stent was placed endoscopically. Following neo-adjuvant chemotherapy and a positive response provided, patients underwent one or two hepatectomies and finally a colectomy. In between, disease re-staging was carried out in order to exclude progression and chemotherapy regimens were administered. Successive operations were performed only if disease recurrence could not be diagnosed.

Results

The maximum follow up duration was 30.1 months. In four patients all scheduled operations were completed. Their mean survival time was 22.5 months, while the mean disease-free survival time after completing the protocol was 7.7 months. The mean survival time of the other seven patients was 10.5 months. There was no need for a palliative colectomy.

Conclusions

The reverse therapeutic approach in cases of extensive hepatic metastatic disease in patients with colon cancer under a specific protocol ensures the administration of chemotherapy to all patients and helps avoiding unnecessary surgical procedures. Conclusions concerning possible survival prolongation can only be reached after further patient enrollment and follow-up.