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Patients with multiple synchronous colonic cancer hepatic metastases benefit from their enrolment in a "liver first approach" protocol.

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INTRODUCTION
This study was conducted in order to assess the "reverse" strategy (liver first approach) when treating patients with multiple synchronous colonic (not rectal) cancer hepatic metastases that are initially not resectable in one stage.
METHODS
A retrospective review of prospectively recorded data was undertaken. Patients who were enrolled in the protocol (ECOG performance status 0) suffered from colon cancer and synchronous multiple liver metastases (type II or III), with no indication of extrahepatic disease. All patients were treated with curative intent. Complete preoperative staging (incl. PET-CT) was performed. In case of an imminent bowel obstruction, an intraluminal stent was placed endoscopically. Subsequently, patients received neo-adjuvant chemotherapy. Provided a positive response, they initially underwent one or two hepatectomies followed by the colectomy. In between, disease re-staging was performed to exclude progression and chemotherapy regimens were administered.
RESULTS
Data from 10 consecutive patients (7 men) with a mean age of 64.8 (SD ± 15.8) years were studied. The median observation period was 9.5 (6 – 18) months. An intraluminal stent had to be placed in 5 patients. Four patients completed all planned surgical operations, on average 2.7 procedures. Their median overall survival period was 15.6 (95% CI 13.5 – 17.6) months and their median disease-free survival period, after completing the protocol, was 5.3 (95% CI 0.7 – 9.8) months. Patients who were not able to undergo all scheduled operations due to disease progression achieved a median overall survival period of 9.6 (95% CI 7.0 – 11.9) months. There was no need for a palliative colectomy.
CONCLUSION
In cases of extensive liver metastatic disease originating from colon cancer, the "reverse" therapeutic approach within a protocol is feasible. It probably ensures that all patients will receive chemotherapy and avoids unnecessary surgery. Conclusions concerning possible overall survival prolongation can be drawn only after validation of these results by a further follow-up and preferably by a prospective randomized trial.