



ESSO 38 Abstracts 2018 – Oral Presentations

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Limitations in Management of Colorectal Cancer Metastases

1

TREATMENT OF STAGE IV RECTAL CANCER: A MULTICENTRE STUDY ON SHORT-COURSE RADIOTHERAPY FOLLOWED BY NEOADJUVANT SYSTEMIC THERAPY AND SUBSEQUENT SURGICAL TREATMENT

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Background. The optimal treatment strategy for rectal cancer patients with synchronous liver metastases remains under debate. Short-course pelvic radiotherapy (5x5 Gy) followed by systemic therapy and subsequent surgical treatment of all tumour sites, as performed in the Dutch M1-study, combines optimal local control of the rectal tumour with the immediate start of systemic therapy and could offer long-term survival. This Dutch multicentre study reports long-term oncological and surgical outcome of patients treated with the M1-schedule in daily practice.

Methods. Patients with rectal cancer with potentially resectable synchronous liver metastases treated with the M1-schedule between January 2010 and December 2015 were retrospectively analysed. Primary outcomes were completion of the M1-schedule, progression free survival (PFS) and overall survival (OS). Secondary outcomes were treatment-related toxicity, surgical complications and pathological outcome.

Results. In total, 147 patients from 6 centers in the Netherlands were eligible for this study. Median follow-up time was 35 months (range 2–89 months). In total, 92 patients (63%) completed the entire treatment schedule. After radiotherapy and systemic therapy, 27 patients (18%) had progression of disease (82% in the liver) leaving no curative options. Liver surgery was performed in 109 patients, of which 94 patients (86%) had a complete resection. Rectal surgery was performed in 92 patients; 89% had a R0 resection. Pathological complete response of the primary tumour was found in 9 patients (10%). Radiotherapy related toxicity grade 3–5 was observed in 6% of the patients. Chemotherapy related toxicity grade 3–4 was reported in 22% of the patients. Liver- and rectal surgery was complicated in 43% and 55%, respectively. The 2 and 5 year PFS rates of all patients were 30% and 15% and OS rates were 66% and 32%, respectively. After a completed M1-schedule, the 2 and 5-year PFS rate were 36% and 19%, and OS rates were 89% and 49%, respectively.

Conclusion. In rectal cancer patients with synchronous liver metastases, application of the M1-schedule in daily clinical practice following the initial trial reveals similar results with potential cure in a small proportion of patients and with good local control and acceptable toxicity.

Conflict of interest: No conflict of interest.

2

LONG-TERM OUTCOMES AFTER SURGICAL RESECTION FOR SYNCHRONOUS OR METACHRONOUS PULMONARY AND HEPATIC COLORECTAL METASTASES

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Background: Surgical resection of isolated hepatic or pulmonary metastases from colorectal cancer prolongs survival in selected patients. On the contrary, benefits of surgical resection and appropriate selection criteria in patients who develop both hepatic and pulmonary metastases from colorectal cancer are still debated. We analyzed a large surgical series of this subset of patients with the final aim of identifying potential prognostic factors.

Material and methods: Of 489 patients who underwent operation for hepatic or pulmonary colorectal metastases in 2 Institutions (Oncologic Research Institute of Reggio Emilia and Catholic University of Rome) between January 1993 to June 2015, we retrospectively reviewed clinical information, surgical notes and pathological features of 85 patients with colorectal cancer who underwent resection of both hepatic and pulmonary metastases. Median follow-up was 8.1 years from the time of colorectal resection. Patient, treatment, and outcomes variables were analyzed using log-rank, Cox regression, and Kaplan-Meier methods.

Results: A total of 218 operations were performed (mean 2.56 for patient). The site of first metastasis was liver in 75.29% of the patients, lung in 12.94%, and both sites in 11.77%. Multiple hepatic metastases or pulmonary metastases were present in 67.07% and 30.59% of patients, respectively. There were no in-hospital deaths. Overall Survival rate at 1-, 3-, 5-, and 10-years calculated from resection of the primary colorectal cancer was 100% (95% CI), 94% (95% CI, 89%–99%), 79% (95% CI, 70%–89%) and 38% (95% CI, 26%–56%), respectively, with a median survival of 8.31 (range 7.18 to 12.35) years. Overall Disease-Free Survival rate at 1-, 3- and 5-years was 66%, 18%, and 4%, respectively. Survival was significantly longer when the Disease-Free Interval between the first metastasectomy and the diagnosis of the second metastases exceeded 1 year (p=0.002, HR: 3.02) and in patients with metachronous pulmonary metastases (p=0.023, HR: 13.64).

Conclusions: Surgical resection of both hepatic and pulmonary metastases from colorectal cancer is a safe and effective treatment that may achieve rewarding long-term survival results in highly selected patients. Patients with a shorter disease-free interval between the first metastasectomy and the diagnosis of the second metastases, and synchronous pulmonary metastases have a worse prognosis.

Conflict of interest: No conflict of interest.