

Impact of local treatments on survival of patients with liver metastases from colorectal cancer (CRC) in real life setting

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INTRODUCTION

Liver is the most common site of metastases from CRC. Up to 70% of CRC patients develop liver metastases in their course of disease¹. Surgical resection is the only treatment that offers a chance of long-term survival, however, only a minority of patients is suitable for upfront surgery². Local therapies (including hybrid therapy approach) can be used to attain hepatic disease control in unresectable patients and possibly affect overall prognosis.



METHOD

We conducted a retrospective analysis of patients with initially unresectable liver-predominant metastatic disease treated with systemic therapy +/- local treatment for liver metastases from 01/01/2016 to 31/12/2018.

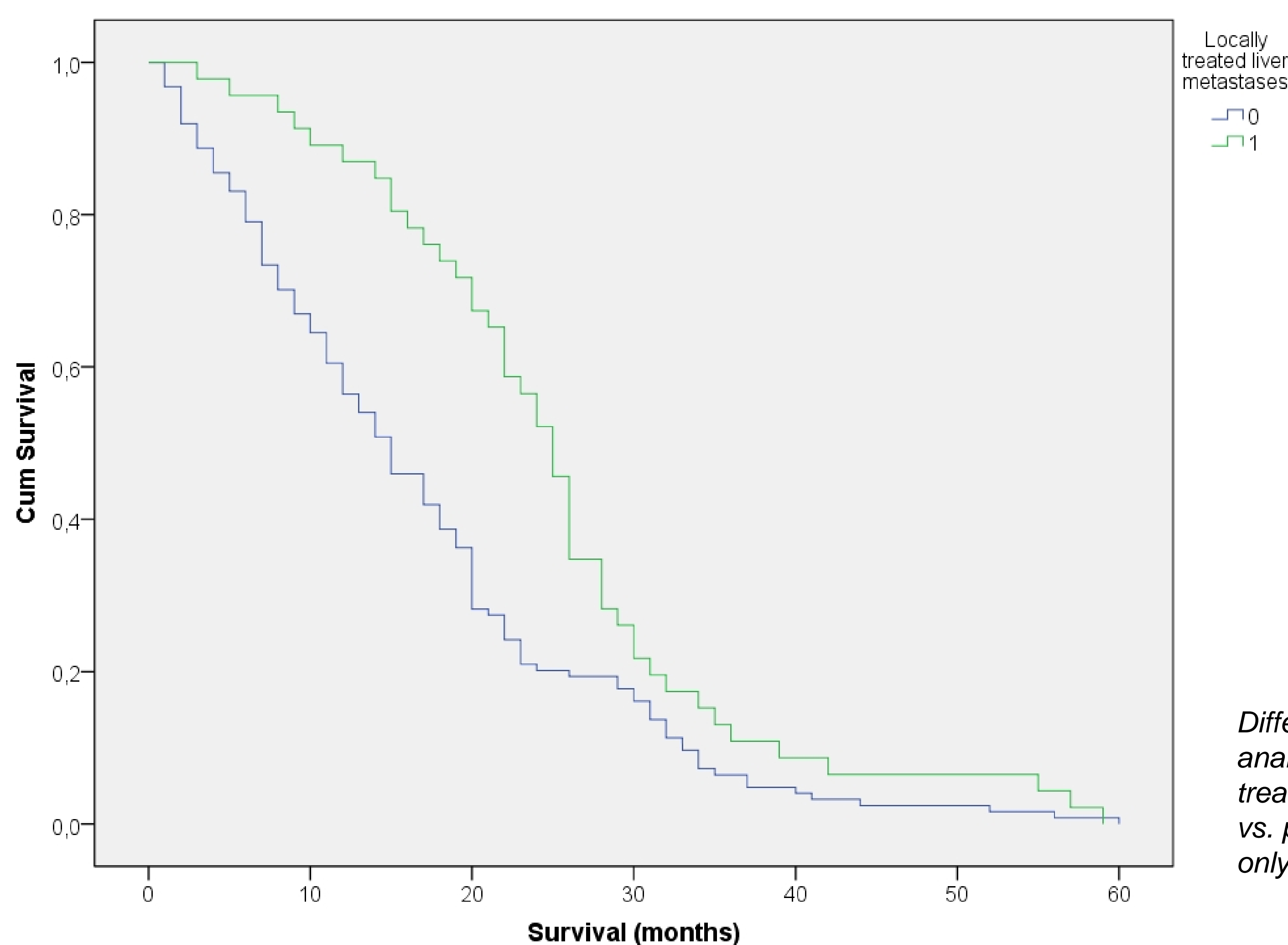
We analysed the data using Kaplan-Meier analysis and Cox hazard regression, in a model that was adjusted to the sex and age effects, tumour side, initial disease stage and existence of metastases in multiple locations.



RESULTS

Total of 187 patients were analysed, median age was 63 years (36-84), 59% of patients were men and 41% women, 21% of patients had right sided primary tumour and 79% left sided. Almost $\frac{3}{4}$ of patients had synchronous metastatic disease at the time of diagnosis, 53% had additional metastatic site besides liver while 47% had liver limited disease. Only 29% underwent some form of local treatment for liver metastases (surgery, microwave ablation, stereotactic radiosurgery, hybrid therapy).

Locally treated liver disease (LTLD) had longer mean survival (25.2 ± 12.0 vs 16.8 ± 12.1 months; log rank Kaplan-Meier, $P=0.003$). The use of Cox regression suggested that the unadjusted hazard ratio of LTLD was 0.67 [0.43-0.85; $P=0.004$]. The use of additional predictors did not yield any additionally significant predictor. The hazard ratio of LTLD for the full model had declined to 0.56 [0.40-0.81; $P=0.002$].



Difference in survival between two analysed groups of patients (patients treated with systemic and local therapy vs. patients treated with systemic therapy only).



CONCLUSIONS

The results of our analysis showed that, in patients with initially unresectable liver-predominant metastatic disease, addition of local treatment for liver metastases to systemic therapy was associated with better clinical outcome. Therefore, the use of local treatments for liver metastases could be used as a predictor of prognosis in this group of patients and should be carefully discussed in the multidisciplinary team setting.



REFERENCES

1. Valderrama-Treviño AI, Barrera-Mera B, Ceballos-Villalva JC, Montalvo-Javé EE. Hepatic Metastasis from Colorectal Cancer. Euroasian J Hepatogastroenterol. 2017;7(2):166-175. doi:10.5005/jp-journals-10018-1241
2. Chow FC, Chok KS. Colorectal liver metastases: An update on multidisciplinary approach. World J Hepatol. 2019;11(2):150-172. doi:10.4254/wjh.v11.i2.150



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