IMPROVED SURVIVAL FOR SCRLM

Surgical resection is critical to long-term survival in patients with synchronous colorectal liver metastasis (SCRLM). Improvement in recurrence-free survival and 5-year actuarial survival has been achieved with chemotherapy in addition to surgical resection. The optimal timing of chemotherapy, however, remains under question. In a retrospective, multi-institutional study, Reddy and colleagues assessed the influence of chemotherapy administration before and after hepatic resection on long-term outcomes in patients with resectable SCRLM.

The researchers examined demographics, clinicopathologic tumor characteristics, treatments, perioperative course and long-term outcomes for 499 patients with resectable SCRLM who had undergone partial hepatectomy. The recurrence-free survival was associated with male gender, node-positive primary tumor, more than four SCRLM, and chemotherapy administration posthepatectomy for ≥ 6 months. The timing of chemotherapy administration in relation to hepatic resection had no influence on recurrence-free survival. Overall survival was associated with carcinoembryonic antigen levels >200 ng/ml, extrahepatic metastatic disease, more than four SCRLM, and chemotherapy administration posthepatectomy for ≥ 2 months. Recurrence-free survival or overall survival was not improved with preoperative chemotherapy. The median overall survival for patients who received prehepatectomy, perioperative and posthepatectomy chemotherapy was 53, 67 and 76 months, respectively, and 36 months for those who received no chemotherapy.

The researchers conclude that chemotherapy administered after but not before resection of SCRLM was associated with improved recurrence-free and overall survival.

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