

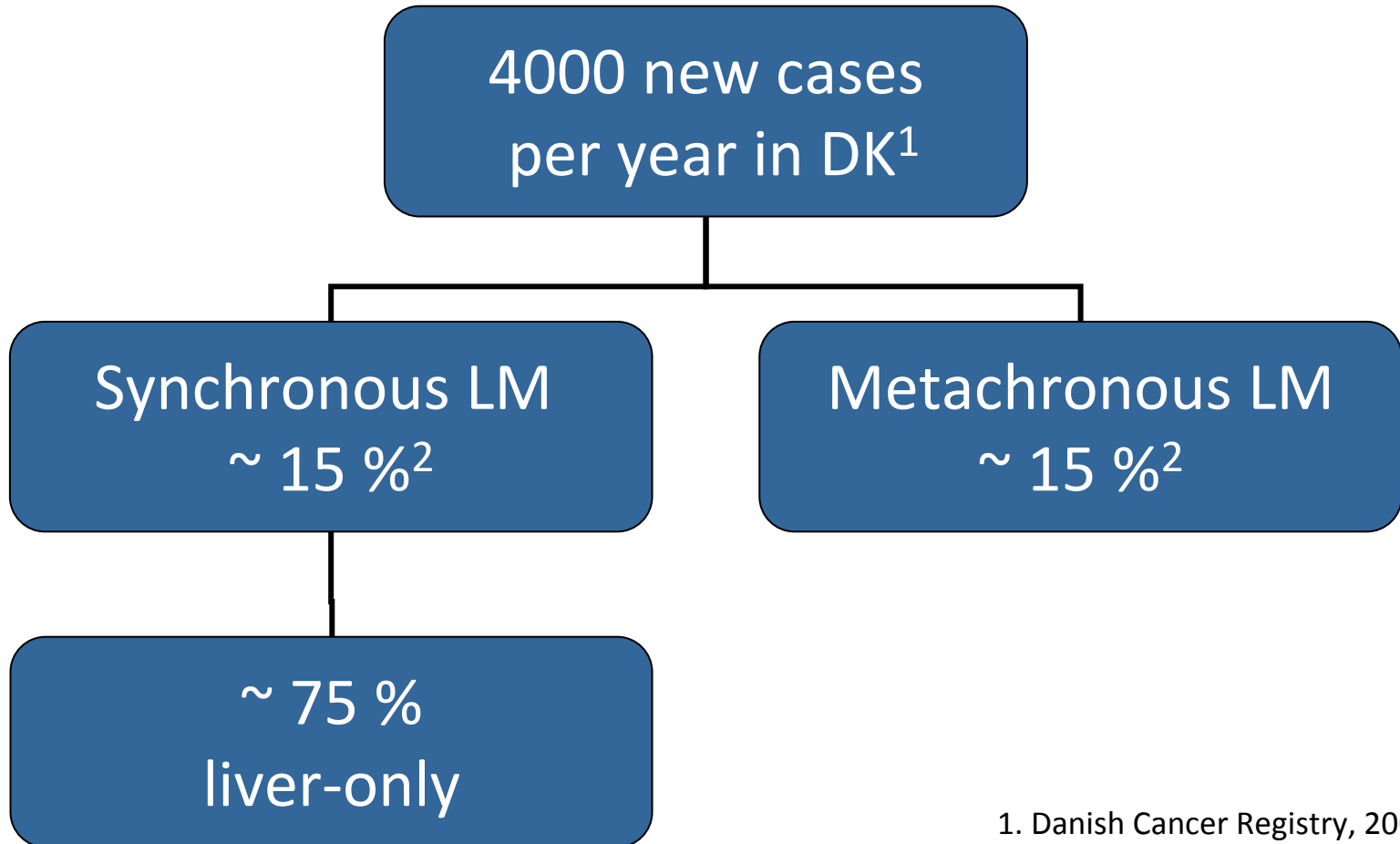
LIVERMETASTASES FROM COLORECTAL CANCER - NEOADJUVANT AND ADJUVANT TREATMENT

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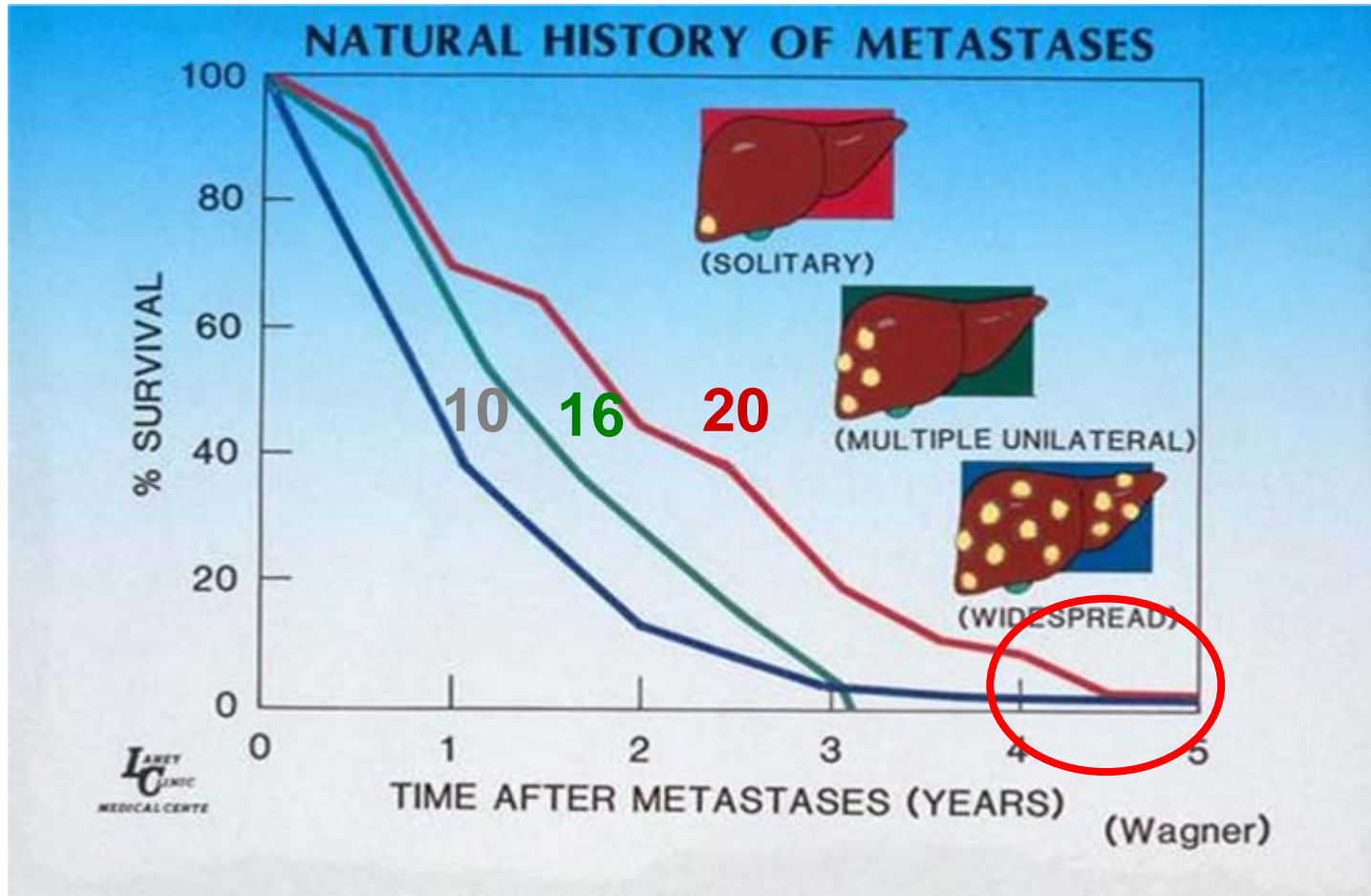


Introduction



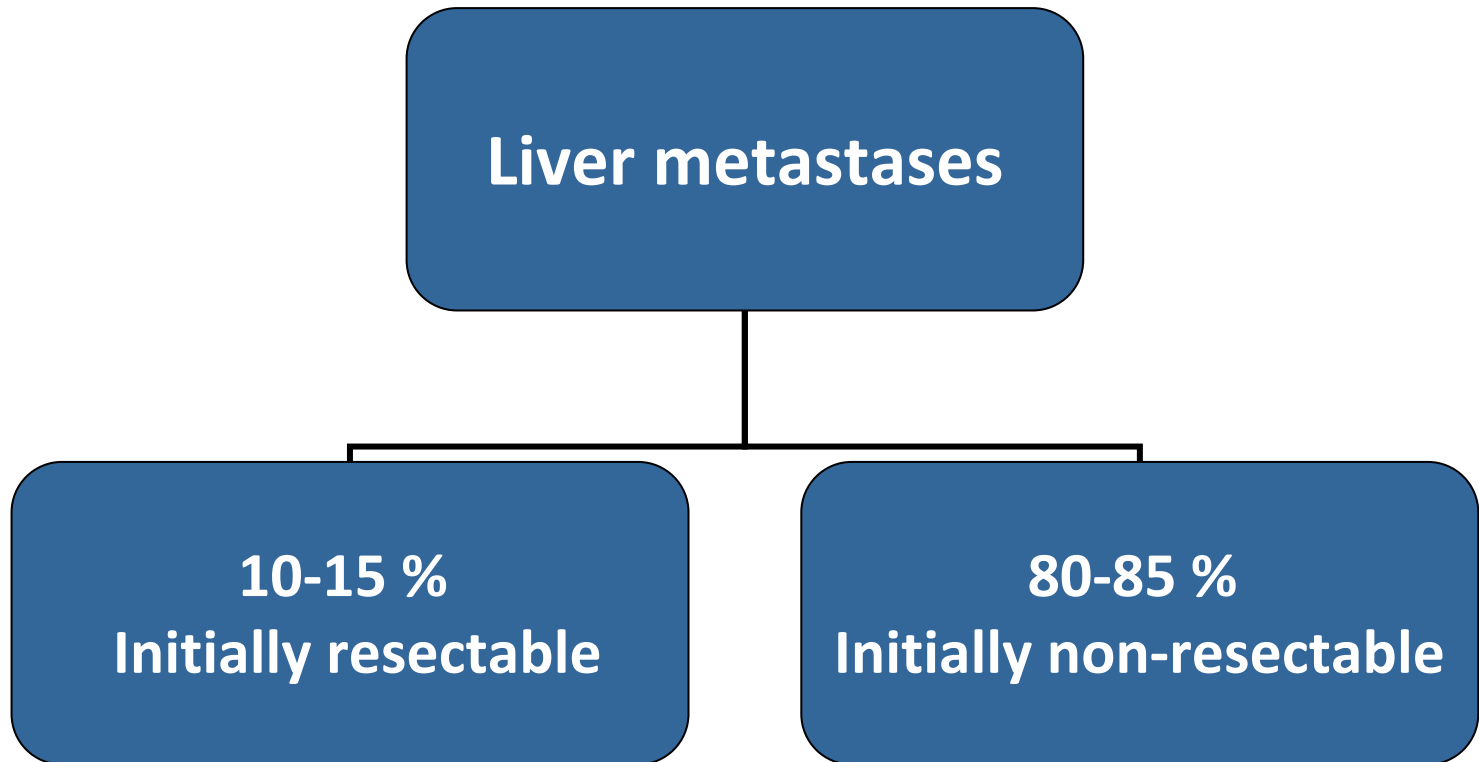
1. Danish Cancer Registry, 2007
2. Manfredi et al, Ann Sur 2006

Introduction



Wagner, JS et al Ann Surg 1984; 199: 502-8

Introduction



Introduction

	Infusion 5FU	Peroral 5FU
Oxaliplatin	FOLFOX	XELOX
Irinotecan	FOLFIRI	XELIRI

Initially resectable disease

Resectable disease

After curative intended liver resection:

5 years overall survival:

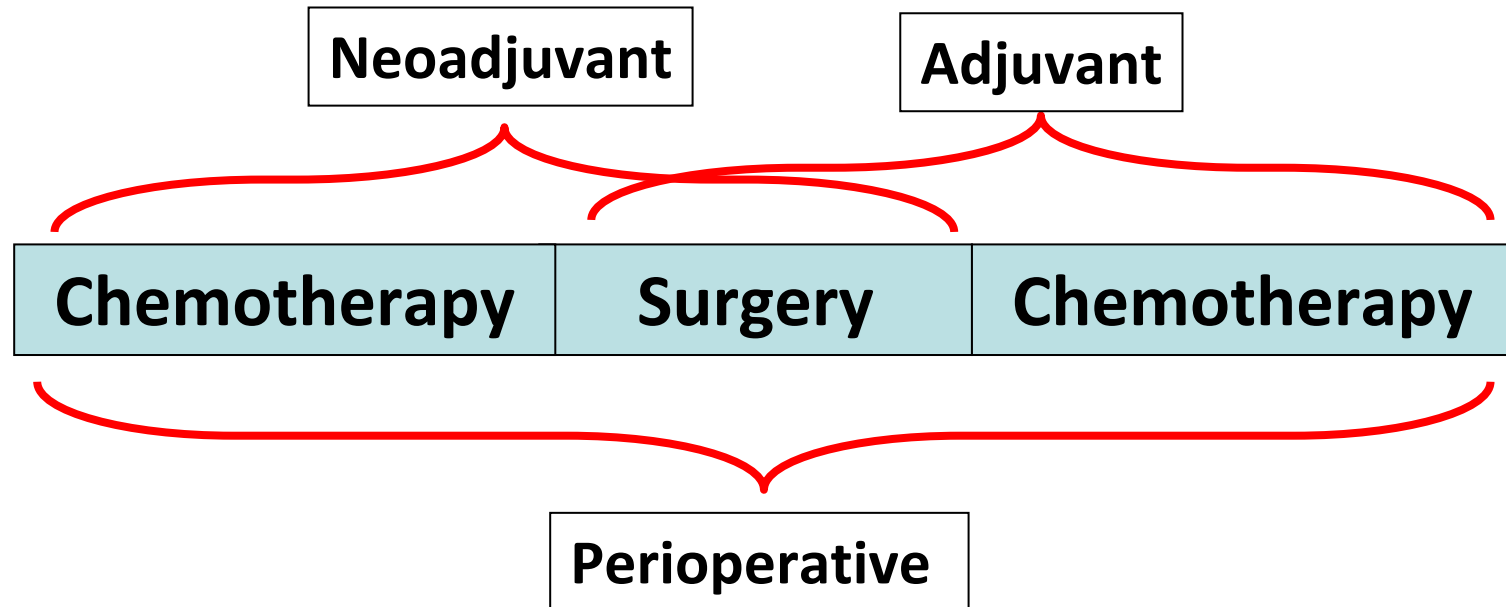
28% - 38 % ^{1,2,3}

5 years 'relapse-free survival'

15 - 35 % ^{1,2,3}

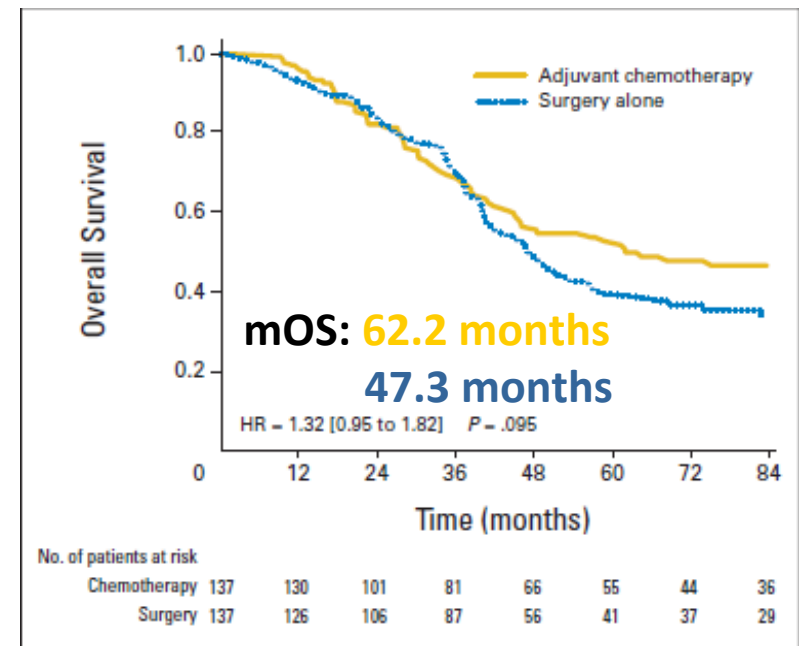
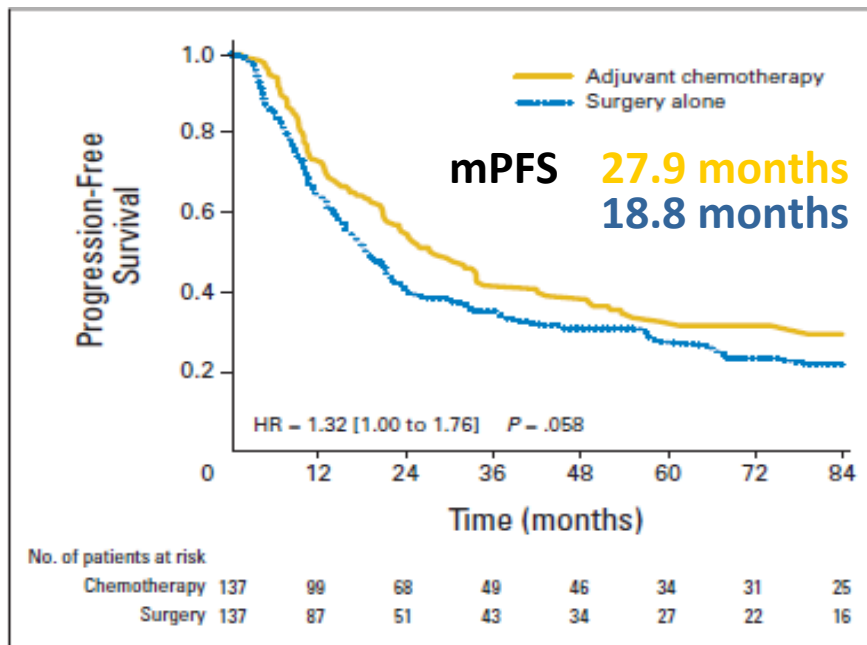
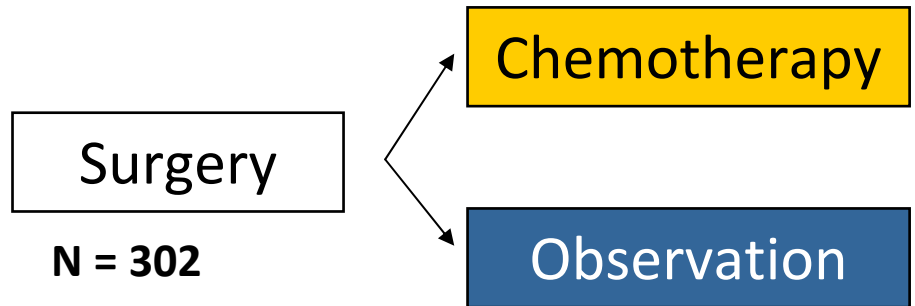
=> ~ 75 % will relapse

1. Fong et al, Ann Surg 1999
2. Nordlinger et al, Cancer 1996
3. Scheele et al, J Chirurg, 2001



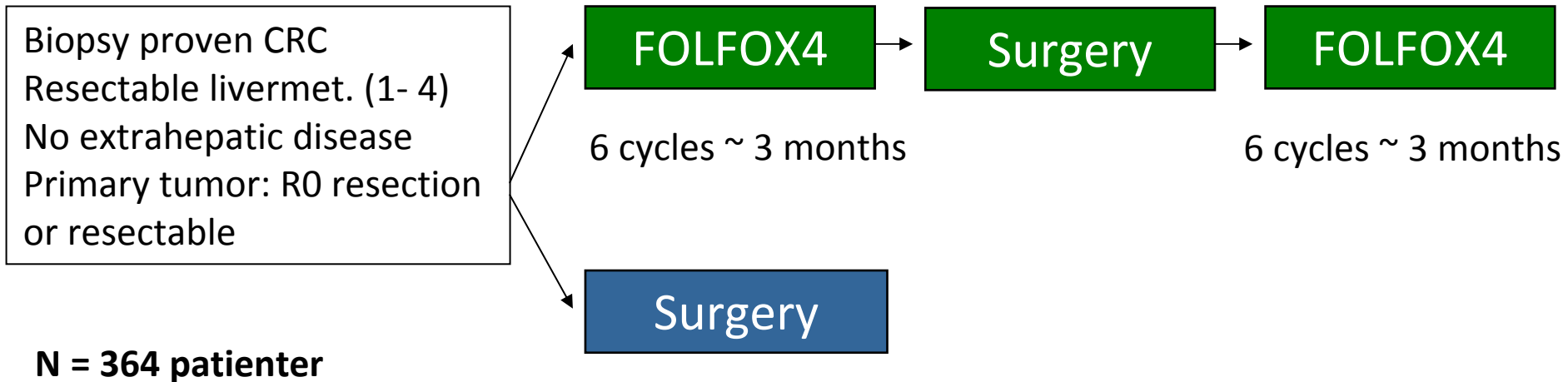
Resectable disease - adjuvant

Pooled data from 2 studies of FU/Lv as adjuvant treatment



Resectable disease - perioperative

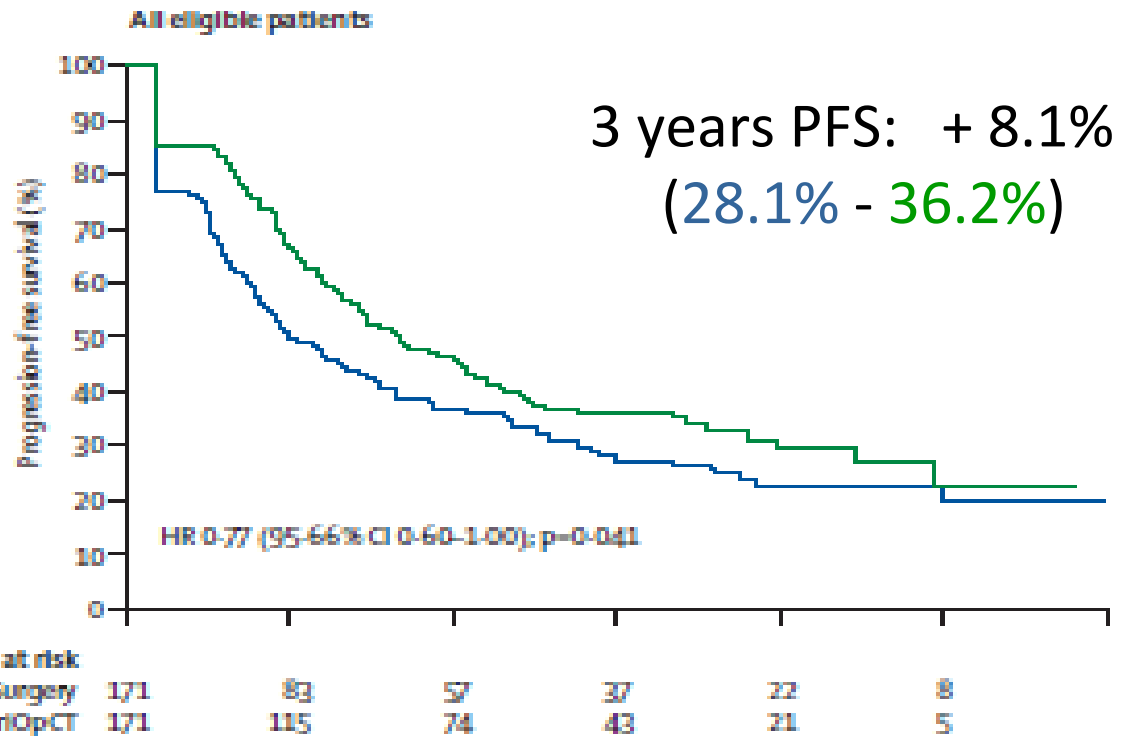
EORTC Intergroup phase III study 40983



Nordlinger et al, Lancet 2008

Resectable disease

B

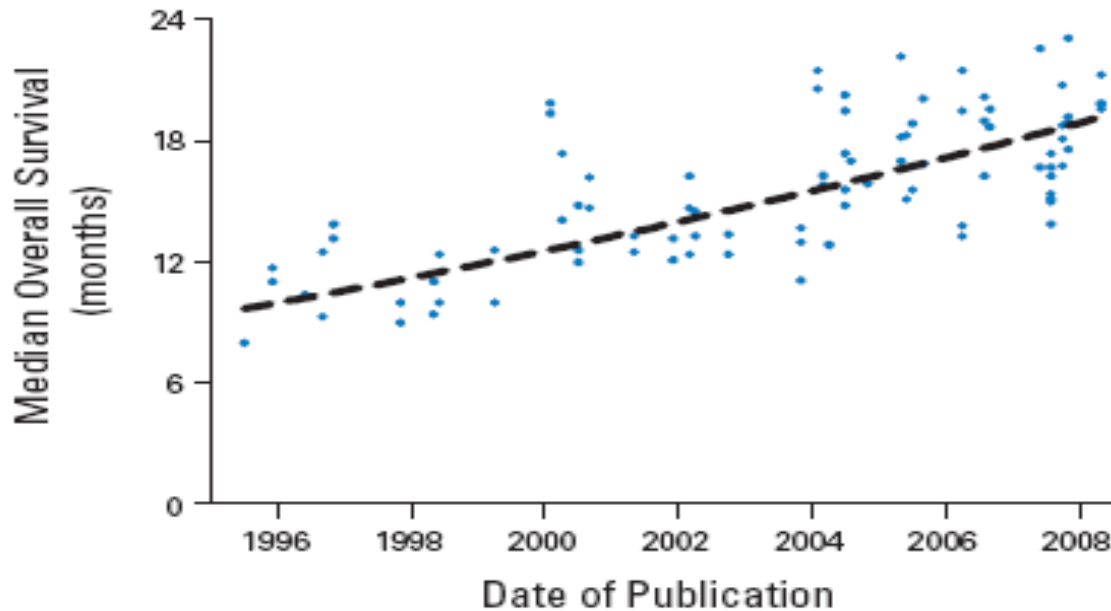


No increase in perioperative mortality
9% increase in reversible perioperative morbidity

Initially non-resectable disease

Non-resectable disease

What have we achieved the last years ?

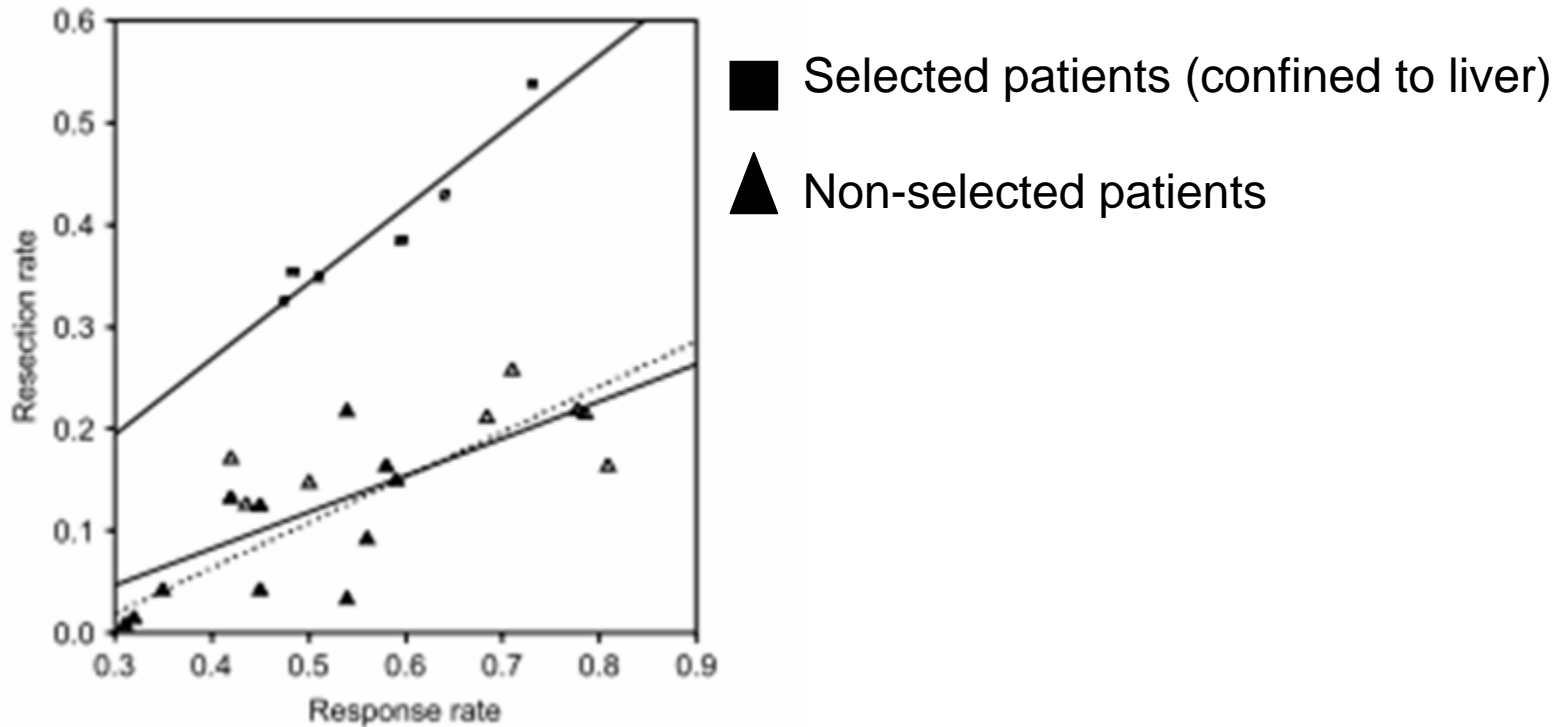


Median overall survival of previously untreated patients with mCRC in published phase III trials since 1995

5 years overall survival of patients with mCRC treated with FOLFOX is 10%

Non-resectable disease

Resection of metastases according to tumour response

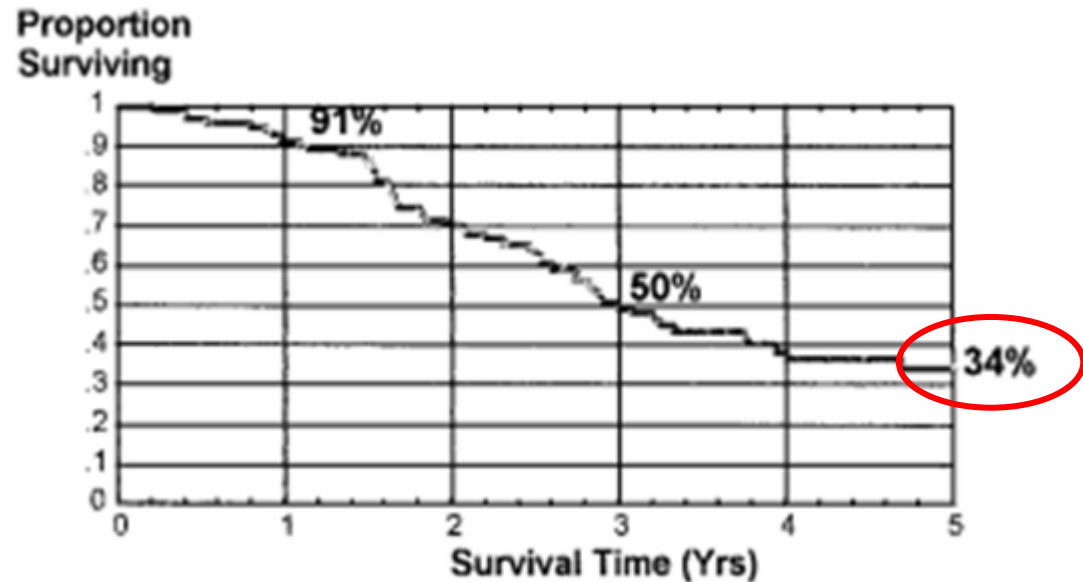


Folprecht et al, Ann of Oncol 2005

Non-resectable

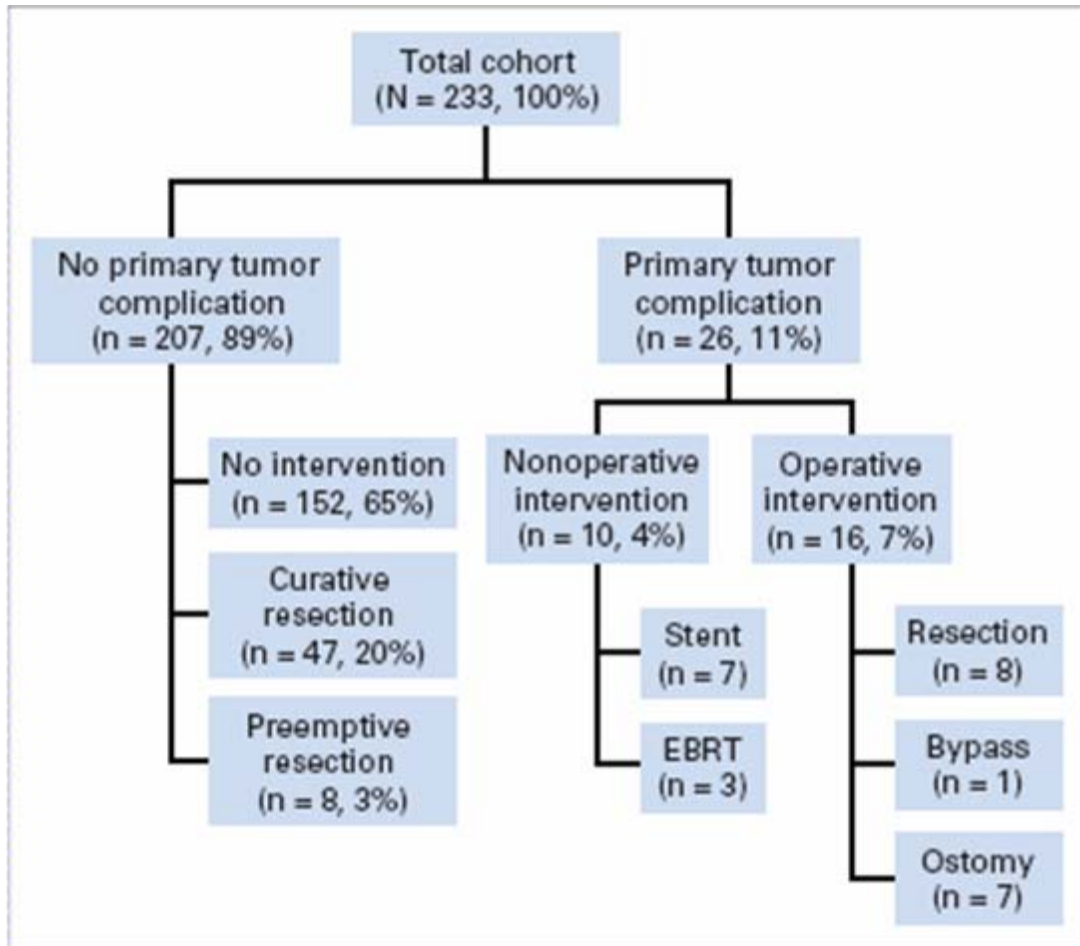
701 patients with initially non-resectable disease

13.6% had a measurable response and underwent potential curative resection



Adam et al Ann Surg Oncol 2001

The primary tumor



Most patients with synchronous, stage IV CRC who receive up-front modern combination CT never require palliative surgery for their intact primary tumor.

Poultides et al, JCO 2009; e-pub

Resectable
livermetastases

Non-resectable
livermetastases



Neoadj. che

systemic CT +
therapy

MULTI DISCIPLINARY TEAM

Sub

resection



No



Adjuvant
chemotherapy

Cont. chemotherapy +
Evt. targeteret therapy

Thank you