SB01

A RETROSPECTIVE REVIEW OF METASTATIC COLORECTAL (MCRC) PATIENTS THAT HAD LIVER-DIRECTED THERAPIES (METASTASECTOMY, RFA, TARE/TACE) IN MARMARA UNIVERSITY HOSPITAL

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Introduction - Purpose: A quarter of colorectal cancers (CRC) presents with liver mets and another ¼ develop liver mets during follow-up. In mCRC, liver directed therapies (LDT) are thought to increase overall survival (OS). In this retrospective chart analysis, we aimed to report the data of our mCRC patients who had liver directed therapies (metastasectomy, RFA, TACE, and TARE) and find out factors determined the post-metastasis OS (pmOS).

Methods - Tools: Among mCRC patients who had LDTs between 07.2002-05.2015, 86 had satisfactory data to analyse. Demographic data, pathology & radiology reports, lab investigations, information regarding systemic therapies (sCT) and LDTs were noted from written & electronic patient files. Patient and tumour characteristics were reported descriptively. OS difference between patients subgroups were analysed with Log-rank & Cox regression tests. OS data were calculated with Kaplan-Meier estimator. A p value <.05 was accepted as significant unless reported otherwise.

Findings: 73 of 86 patients (85%) had de novo metastatic disease. 72 patients (84%) had liver metastasectomy, 12 (14%) had RFA, 18 (21%) had TARE/TACE. Progression-free survival (PFS) of patients who had LDT + sCT vs patients received sCT only in 1st line therapy were; 14.8 months (Ms) (95% CI 11.5-18.2) vs 10.8 Ms (95% CI, 9.1-12.4) (p=.021). For all patients, PFS of 2nd line, and 3rd line therapies were; 10.7 Ms (95% CI 7.7-13.7), and 8.6 Ms (95% CI 7.7-13.7), respectively. Univariate analyses revealed that, age ? 58 (p=.04), timing of LDT (in 1st or 2nd line vs ? 3rd line) (p=.053), and having liver metastasectomy (p=.018) were the most important factors affecting pmOS. In Cox regression, only age (RR 2.78; 95% CI 1.3-5.97; p=.009) and timing of LDT (RR 3.01; 95% CI 1.28-7.06; p=.011) had independent effects on pmOS.

Discussion : Results from our small patient population imply that patients may benefit more from LDTs that will be done in the early phases of mCRC course. However, an individualised decision making process of multiple factors is key before going for LDTs in mCRC.

Keywords: Colorectal cancer, metastasectomy, liver-directed therapies