

The Treatment of Liver Metastases from Colorectal Cancer: Questions More than Answers?

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ABSTRACT

About 50% of all patients affected by CRC develop liver metastases. Surgery remains the only potentially curative strategy, but is impossible in the majority of patients. For non-resectable patients, two options are available: local treatment strategies (radiofrequency ablation and cryosurgery: alone or in combination with surgery) and chemotherapy. High rates of objective response achieved with Fluoropyrimidines, Oxaliplatin (OHP) and Irinotecan (CPT-11) based chemotherapy, enable initially non-resectable patients to undergo surgery, with a 5-year survival rate comparable to that observed for primary resectable patients. Therefore, chemotherapy has not only a palliative aim, but becomes a strategy with curative purposes. Adjuvant therapies have been investigated to reduce recurrence rates, some testing hepatic arterial infusion (HAI) schedules but definitive data are not yet available. Our experience, based on results from retrospective studies, suggests a possible role of systemic adjuvant chemotherapy in reducing recurrence rates after surgery. New targeted drugs and new loco-regional therapies are expected to further improve prognosis in neoadjuvant, adjuvant and palliative settings. *Govaresh* 2004; 9: 132-41

Keywords: Colorectal cancer, Liver metastases, 5-fluorouracil, Oxaliplatin, Irinotecan

List of abbreviations: CRC: Colorectal cancer, chrono: chronomodulation, ci: continuous infusion, 5Fu: 5-fluorouracil, FUDR: fluorodeoxyuridine, FA: folinic acid, HAI: hepatic artery infusion, LV: leucovorin, ns: not significant, nv: not evaluable, OHP: oxaliplatin, CPT-11: irinotecan, OS: overall survival, RR: response rate, PR: partial response, PD: progressive disease, EGFr: Epidermal Growth Factor receptor, VEGFr: Vascular Endothelial Growth Factor receptor

INTRODUCTION

By frequency CRC is the third leading cause of tumours in western countries after lung and

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breast tumours. The liver is the main target organ for CRC metastases. Around 50% of patients operated for stage III and 20% of those operated for stage II CRC are destined to develop liver metastases. Overall, including patients who are diagnosed in advanced stage, liver metastases develop in 50% of all cases. Around 20-40% of resected patients with liver metastases are still alive at 5 years⁽¹⁾. As a consequence, the