

4 e 5 de julho
1º Sobrice Onco2024

Congresso Sobrice de Oncologia (4º SRIO)
Hotel Prodigy Santos Dumont • RJ

sobrice

Câncer colorretal metastático

Estratégias cirúrgicas e tendências no tratamento

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52a, F, adenocarcinoma de reto superior/médio

Metástase hepática

KRAS mutado, EM

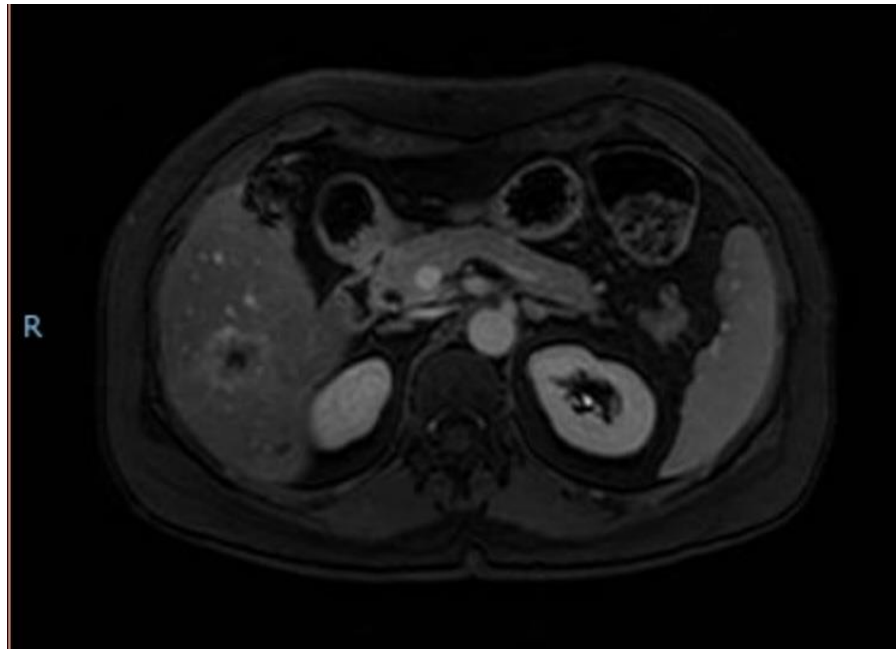
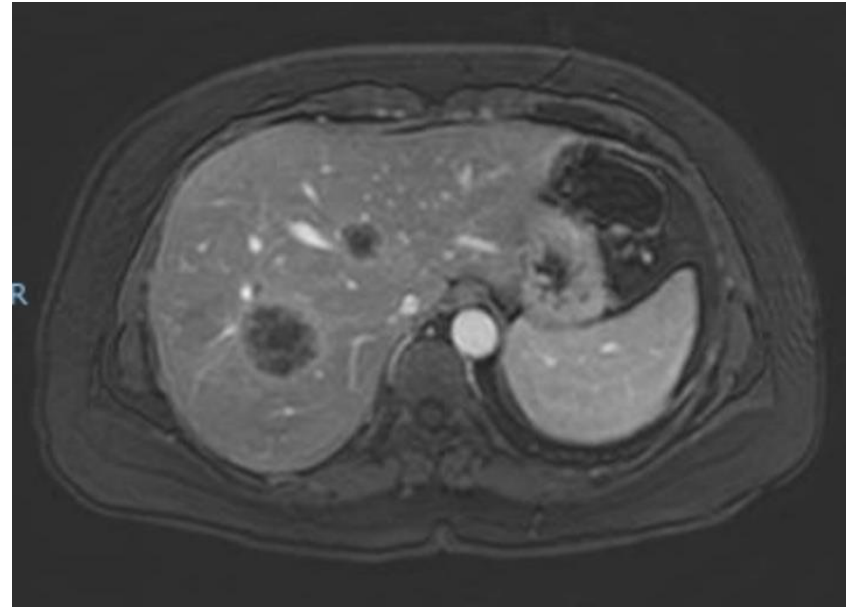
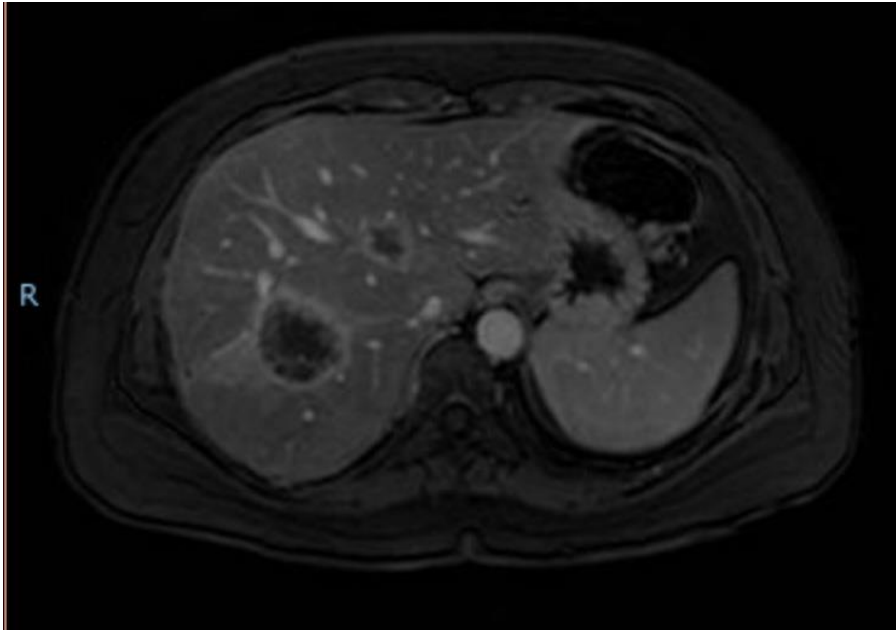
CEA 1.314; CA 19-9 1.608

RNM (09/2019):

V/VI (3,0 cm)

VII (4,3 cm)

VIII/IV (2,0 cm)



**Ressonância magnética
(09/2019)**

52a, F, adenocarcinoma de reto superior/médio

Quimioterapia:

2x FOLFOX (outro hospital)

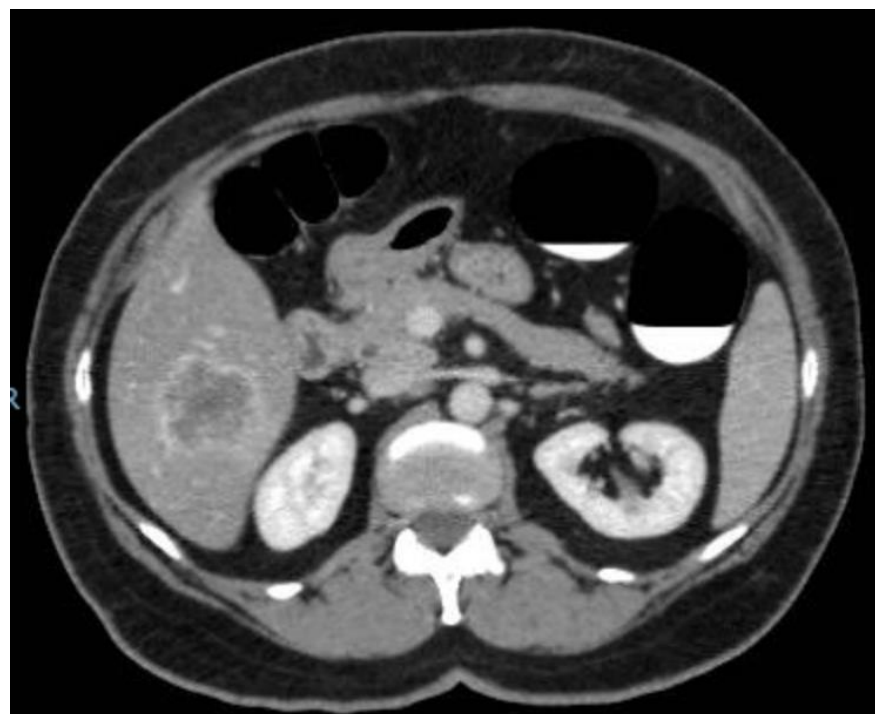
6x FOLFIRINOX + BEVACIZUMAB

TC (12/19):

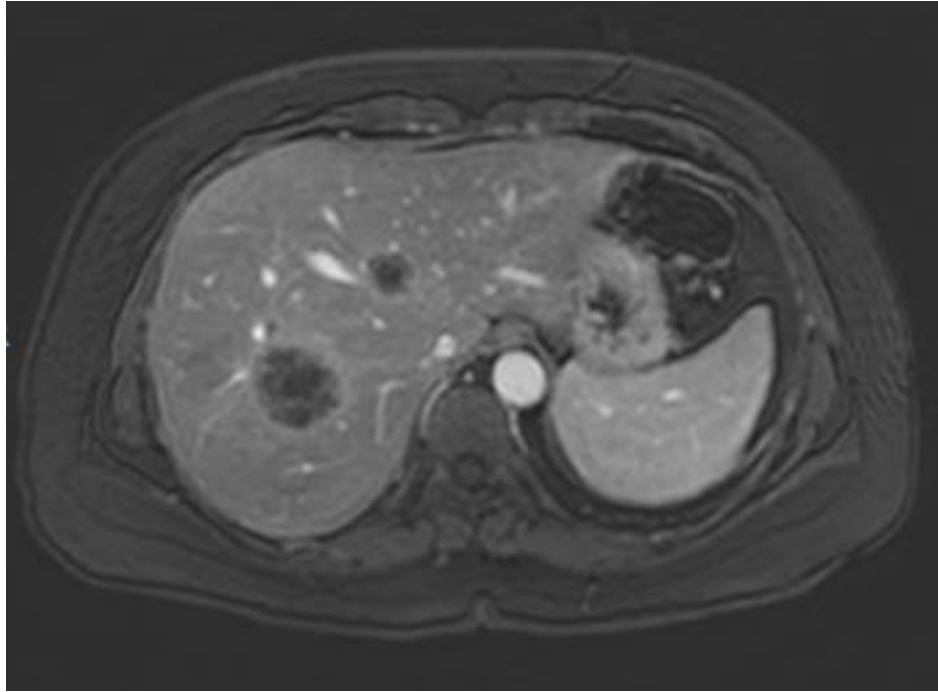
VI/VII (6,8x5,9cm)

VI (4,1x3,8cm)

IV (3,5x2,6cm)



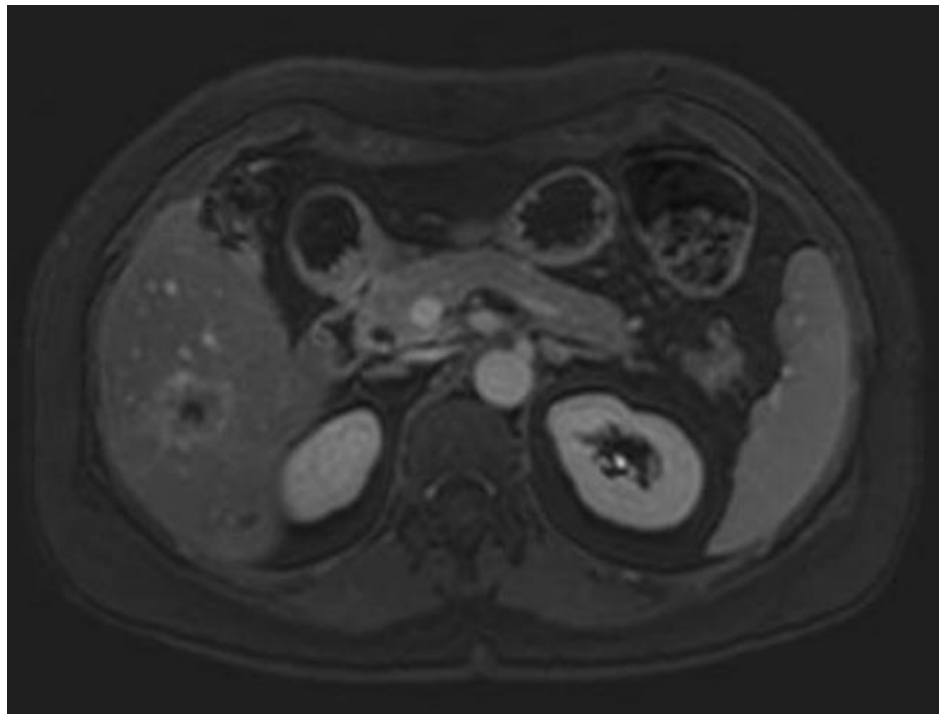
Tomografia (12/2019)



**Ressonância magnética
(09/2019)**



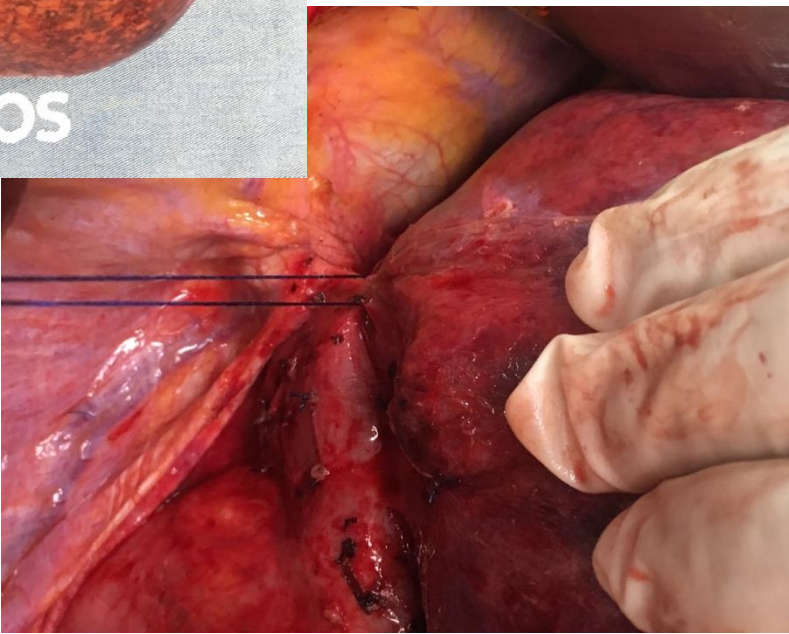
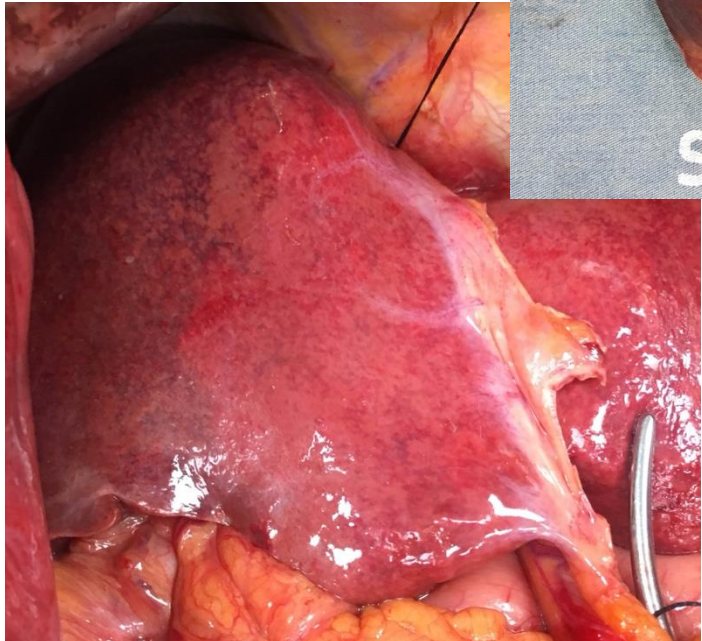
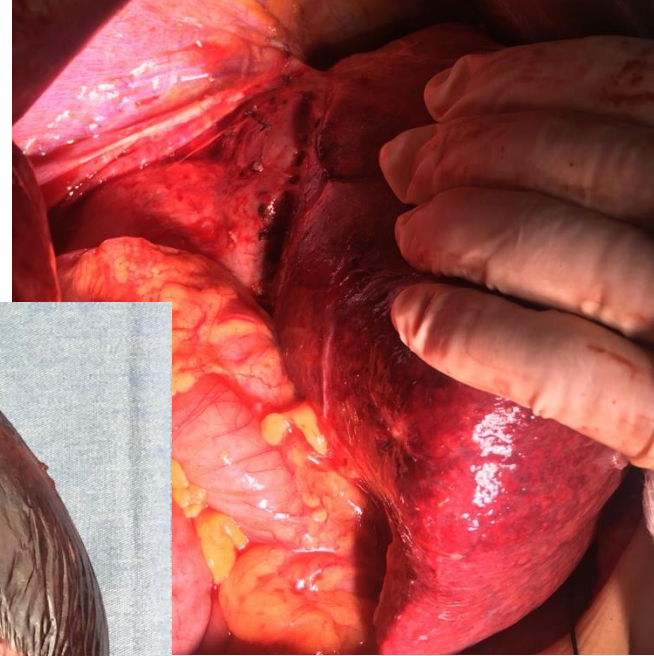
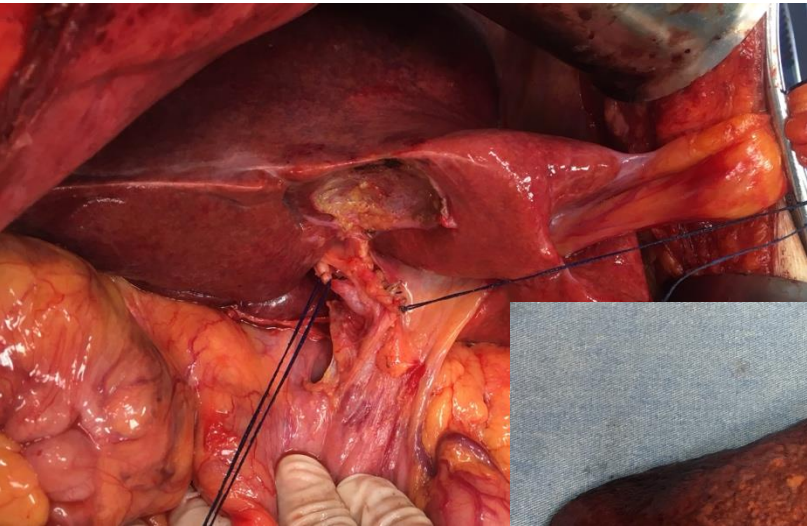
**Tomografia
(12/2019)**



Ressonância magnética
(09/2019)



Tomografia
(12/2019)



Perioperative chemotherapy and hepatic resection for resectable colorectal liver metastases

❑ Vantagens :

- ❑ Resposta à quimioterapia
- ❑ Ação sobre as micrometástases
- ❑ Reduzir o tamanho da lesão

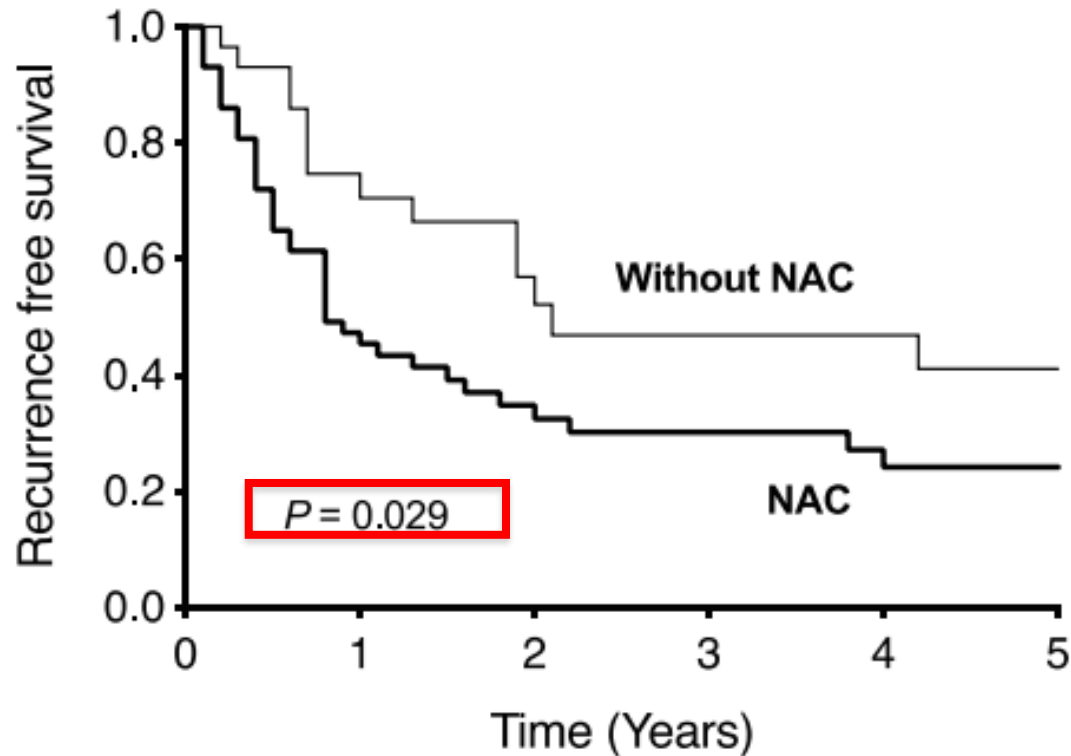
❑ Desvantagens :

- ❑ Progressão para irresssecável
- ❑ Toxicidade da quimioterapia
- ❑ Lesões que desaparecem

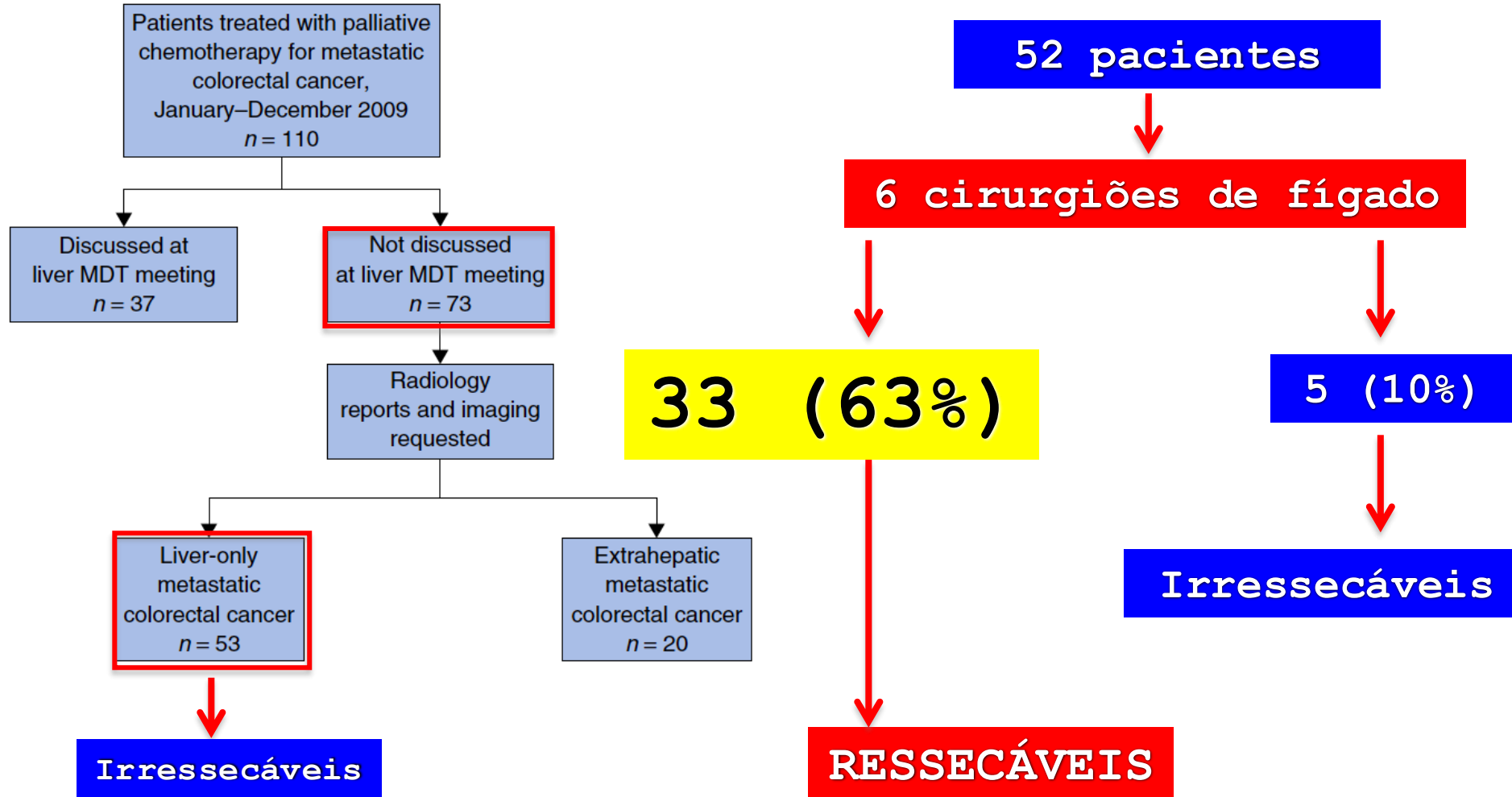
RESEARCH

Open Access

Efficacy of upfront hepatectomy without neoadjuvant chemotherapy for resectable colorectal liver metastasis

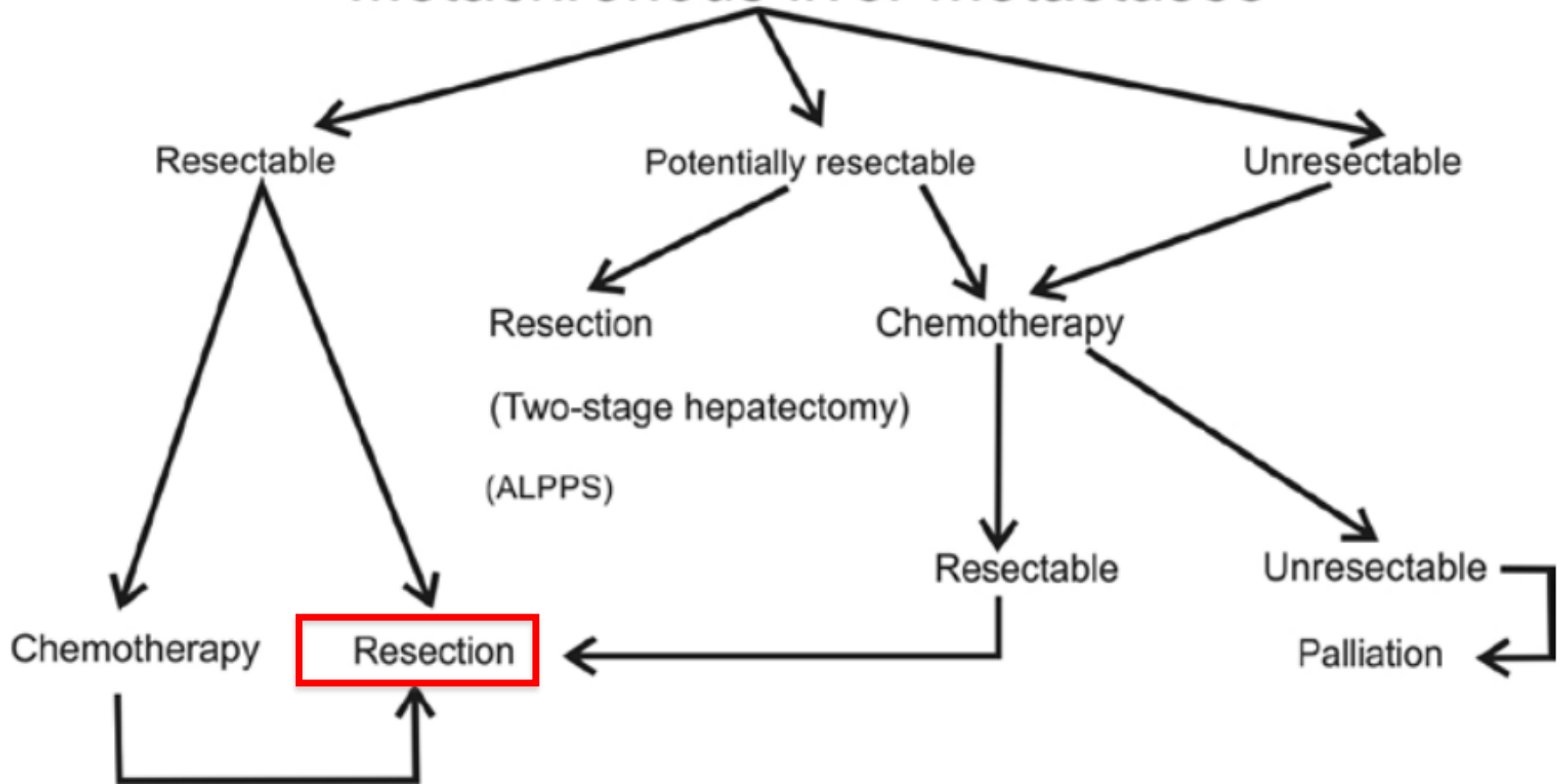


Effect of specialist decision-making on treatment strategies for colorectal liver metastases



METÁSTASE METACRÔNICA

Metachronous liver metastases



Choices of Therapeutic Strategies for Colorectal Liver Metastases Among Expert Liver Surgeons

A Throw of the Dice?

Povilas Ignatavicius, MD, Christian E. Oberkofler, MD,* William C. Chapman, MD,†
 Ronald P. DeMatteo, MD,‡ Bryan M. Clary, MD,§ Michael I. D'Angelica, MD,¶ Kenneth K. Tanabe, MD,||
 Johnny C. Hong, MD,** Thomas A. Aloia, MD,†† Timothy M. Pawlik, MD, MPH, PhD,‡‡
 Roberto Hernandez-Alejandro, MD,§§ Shimul A. Shah, MD,¶¶ Jean-Nicolas Vauthey, MD,†††
 Guido Torzilli, MD,|||| Hauke Lang, MD,*** Pål-Dag Line, MD, PhD,†††† Olivier Soubrane, MD,‡‡‡‡
 Hugo Pinto-Marques, MD,§§§ Ricardo Robles-Campos, MD,¶¶¶ Karim Boudjema, MD,|||||
 Peter Lodge, MD,**** René Adam, MD,††††† Christian Toso, MD,‡‡‡‡† Alejandro Serrablo, MD, PhD,§§§§
 Luca Aldrighetti, MD,¶¶¶¶ Michelle L. DeOliveira, MD,* Philipp Dutkowski, MD,* Henrik Petrowsky, MD,*
 Michael Linecker, MD,* Cäcilia S. Reiner, MD,||||||| Julia Braun, PhD,***** Ruslan Alikhanov, MD,†††††
 Giedrius Barauskas, MD,‡‡‡‡‡ Albert C. Y. Chan, MS,§§§§§ Jiahong Dong, MD,¶¶¶¶¶
 Norihiro Kokudo, MD,||||||| Masakazu Yamamoto, MD,***** Koo Jeong Kang, MD,††††††
 Yuman Fong, MD,‡‡‡‡‡† Mohamed Rela, MD,§§§§§§ Xabier De Aretxabala, MD,¶¶¶¶¶¶
 Eduardo De Santibañes, MD, PhD,||||||| Miguel Ángel Mercado, MD,***** Oscar C. Andriani, MD,†††††††
 Orlando Jorge M. Torres, MD,‡‡‡‡‡†† Antonio D. Pinna, MD,§§§§§§§ and Pierre-Alain Clavien, MD, PhD*✉*

TABLE 1. Agreement (Percentage) Among Experts for Each Clinical Case

	1*	2*	3*	4*	5	6	7	8	9	10
Resectability (Yes/No)	100	100	100	100	95	95	97	84	89	63
Initial treatment (surgery, chemotherapy)	53	84	97	97	82	86	58	83	86	68
Approach (open, minimally invasive)	71	63	58	46	92	89	95	94	100	96
Portal vein embolization (Yes/No)	92	100	79	100	89	68	95	75	57	52
Preoperative volumetry (Yes/No)	71	97	66	95	79	57	84	56	81	67
Type of surgery (2-stage, 1-stage)	100	100	95	100	89	62	92	62	44	44
Type of resection (anatomical, parenchyma sparing)	47	82	47	61	81	49	51	56	79	60
Ablation in combination with resection (Yes/No)	97	97	76	92	50	62	55	51	65	56

*Low complexity cases.

ESMO consensus guidelines for the management of patients with metastatic colorectal cancer

Table 2. Contraindications to hepatic resection in patients with CRC liver metastases (adapted from Adam et al. [148] with permission from AlphaMed Press)

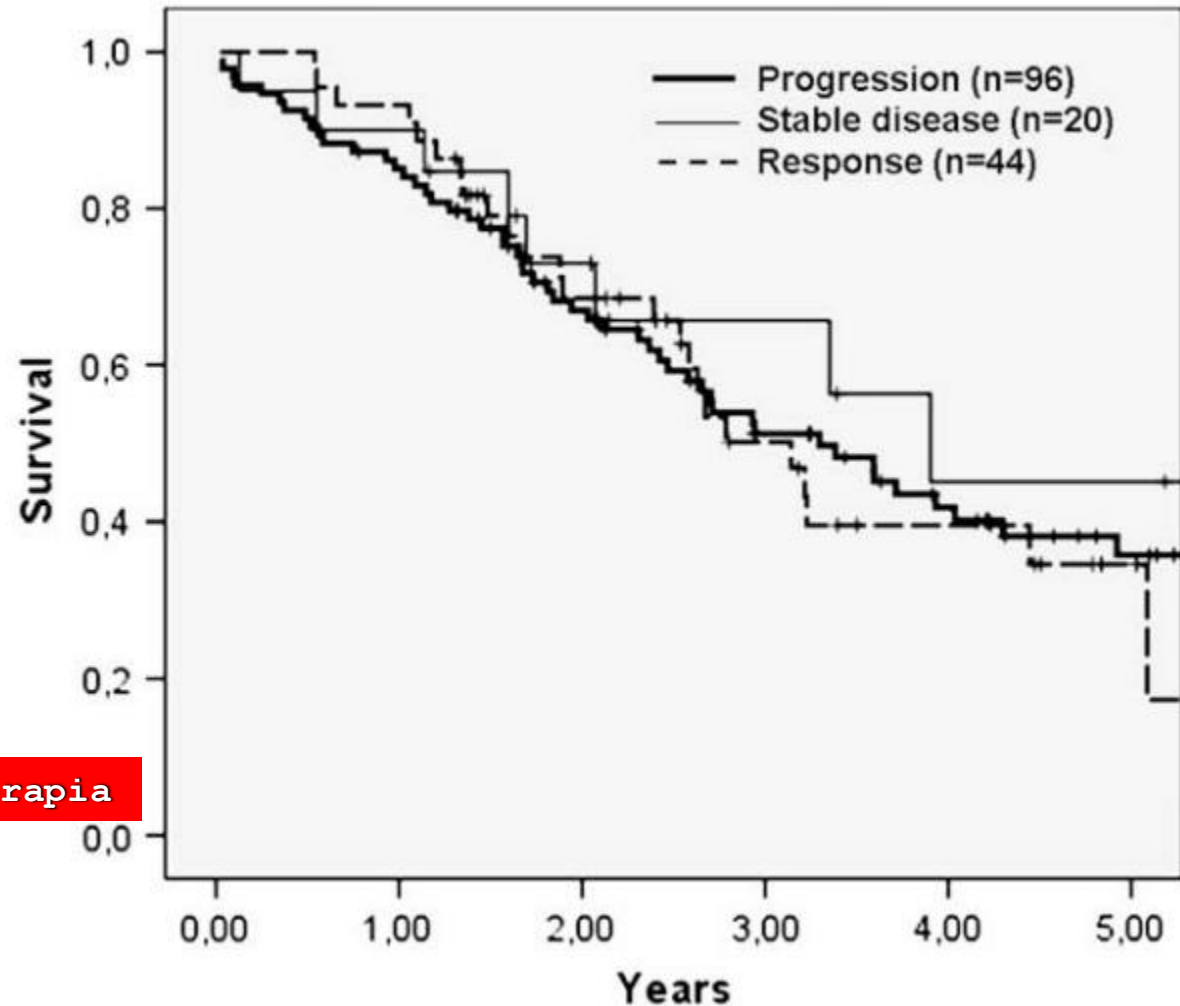
Category	Contraindication
Technical (A)	
1. Absolute	Impossibility of R0 resection with $\geq 30\%$ liver remnant Presence of unresectable extrahepatic disease
2. Relative	R0 resection possible only with complex procedure (portal vein embolisation, two-stage hepatectomy, hepatectomy combined with ablation ^a) R1 resection
Oncological (B)	
1.	Concomitant extrahepatic disease (unresectable)
2.	Number of lesions > 5
3.	Tumour progression

Patients should be categorised as A1 or A2/B1, B2 or B3.

^aAll methods, including radiofrequency ablation.

Original Communications

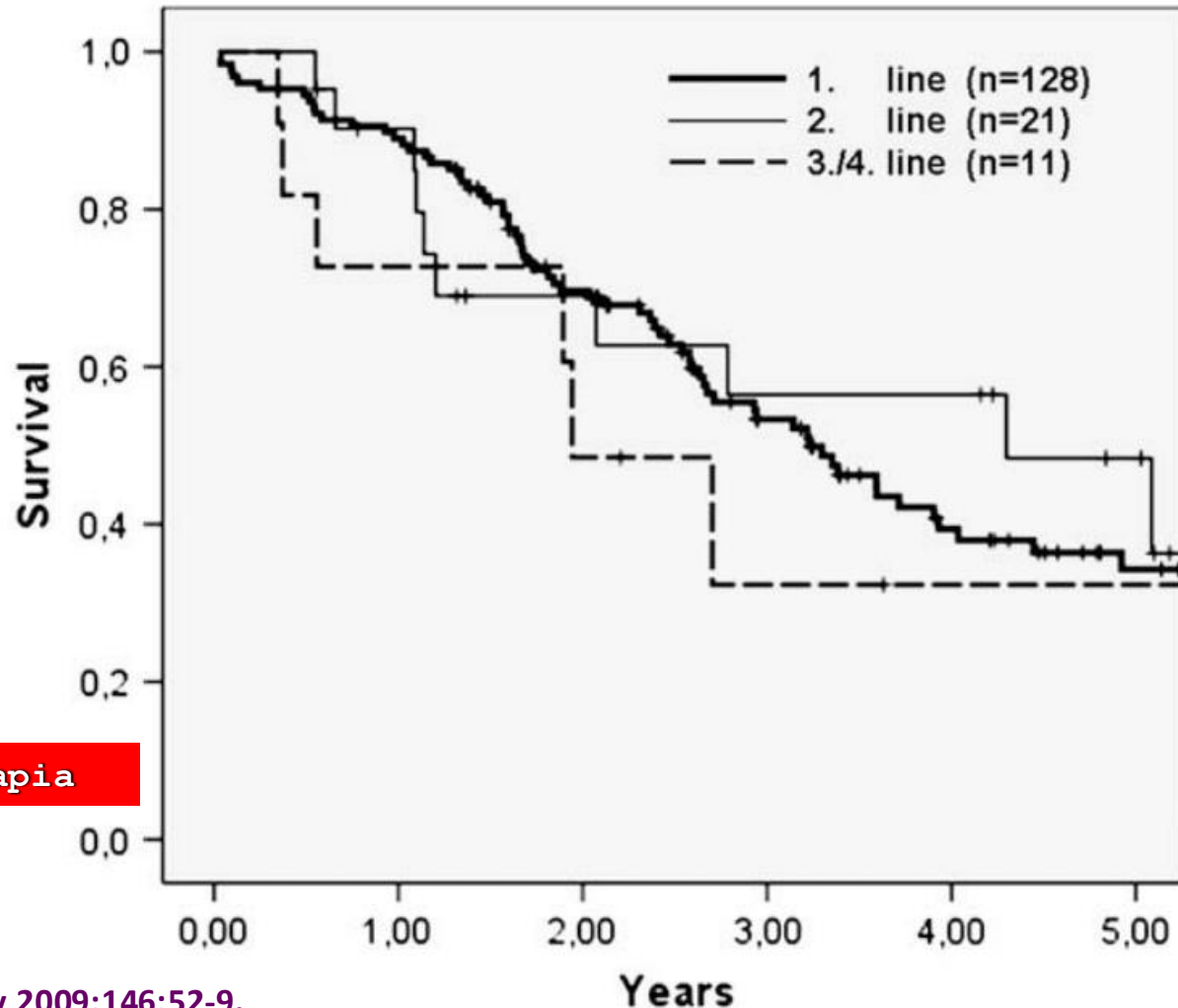
Nonresponse to pre-operative chemotherapy does not preclude long-term survival after liver resection in patients with colorectal liver metastases



□ Resposta à quimioterapia

Original Communications

Nonresponse to pre-operative chemotherapy does not preclude long-term survival after liver resection in patients with colorectal liver metastases



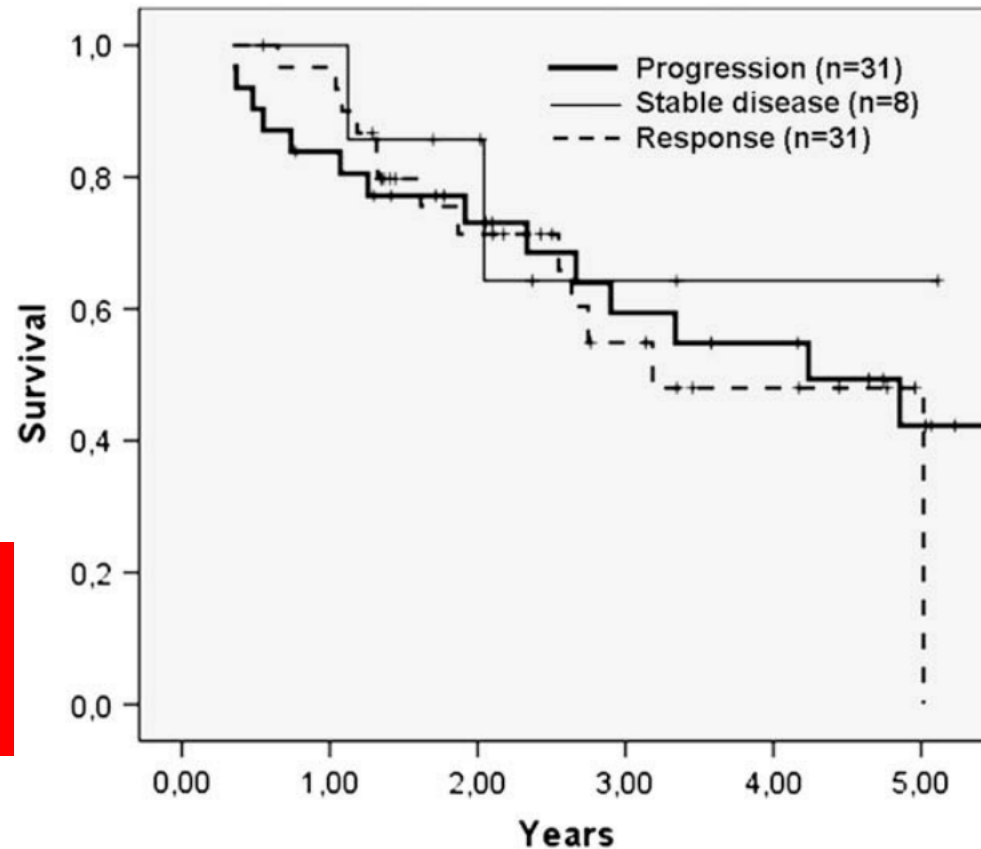
□ Tipo de quimioterapia

Original Communications

Nonresponse to pre-operative chemotherapy does not preclude long-term survival after liver resection in patients with colorectal liver metastases

Irinotecan
 Oxaliplatin
 Terapia alvo

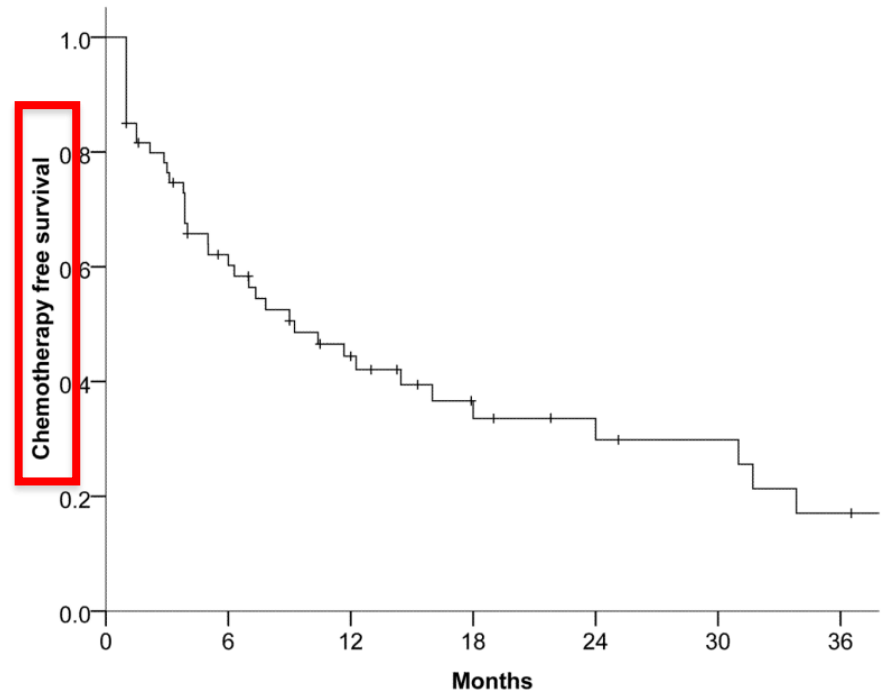
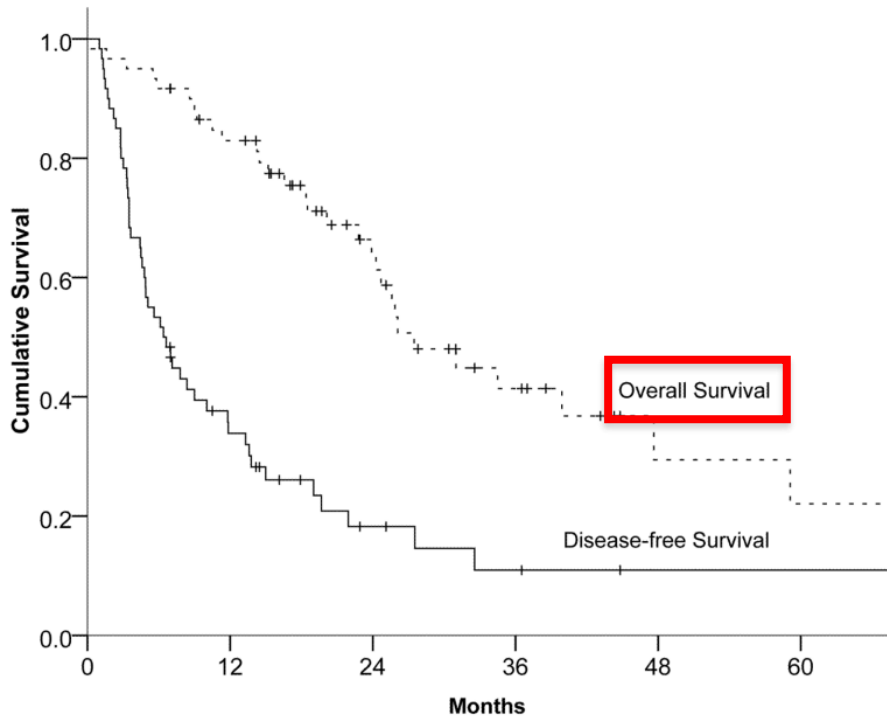
Tumor size > 50mm
 Positive margins
 Grading of the tumor
 Number of metastases
 CEA levels > 200 ng/mL



Tumor progression while on chemotherapy had no influence on the long-term survival.

Is Resection of Colorectal Liver Metastases after a Second-Line Chemotherapy Regimen Justified?

Progressão



Progression while Receiving Preoperative Chemotherapy Should Not Be an Absolute Contraindication to Liver Resection for Colorectal Metastases

Progressão – 176 (8,2%)
Sem progressão – 1967 (91,8%)

Pelo menos duas linhas de QT

Fatores prognósticos:

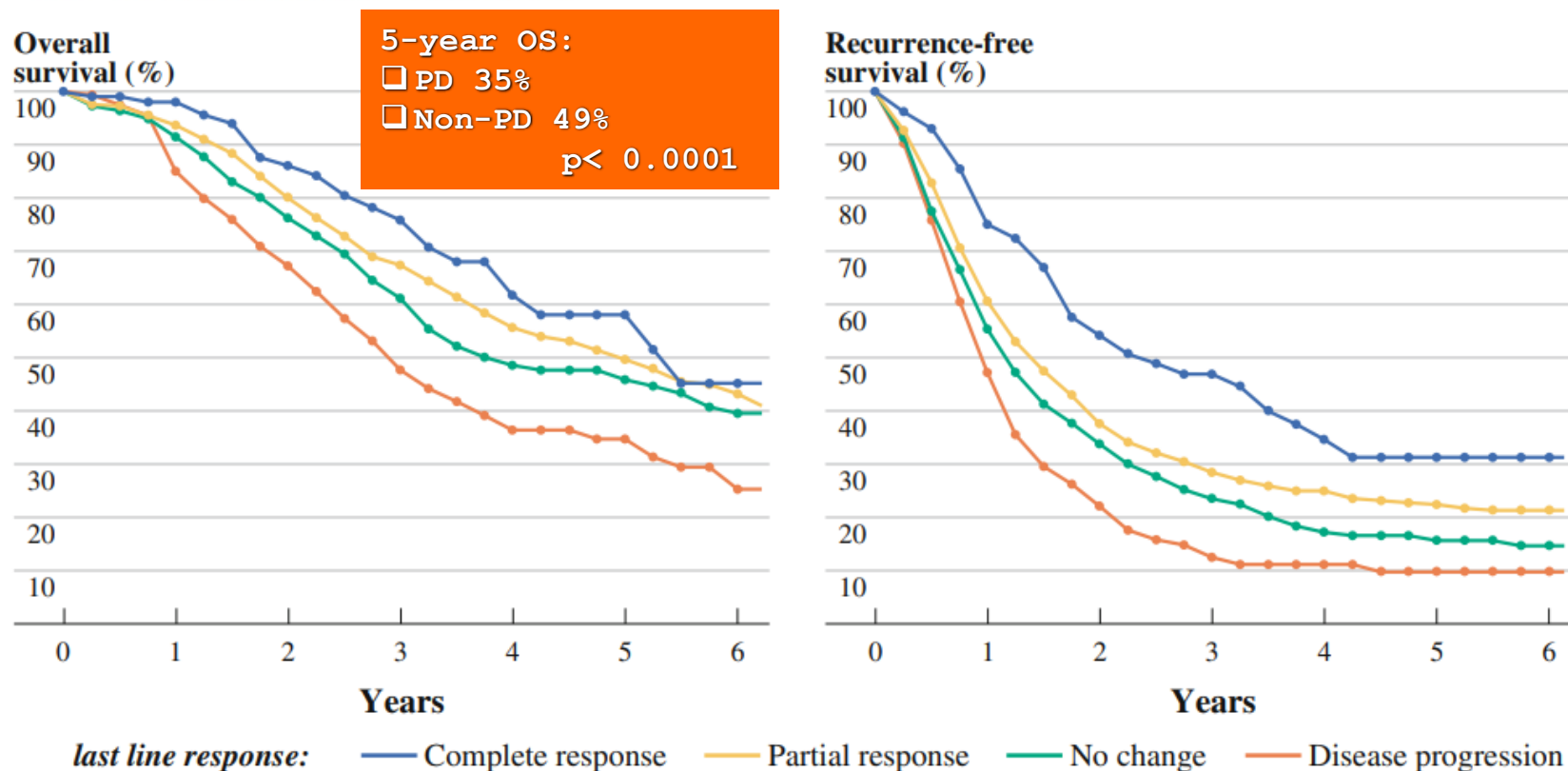
> 3 metastases

> 50mm

CEA \geq 200

ORIGINAL ARTICLE – HEPATOBILIARY TUMORS

Progression while Receiving Preoperative Chemotherapy Should Not Be an Absolute Contraindication to Liver Resection for Colorectal Metastases



Sobrevida de acordo com a resposta

Fatores prognósticos

TABLE 3 Survival predictive model in the disease progression group according to the presence of prognostic factors

No. of factors	>3 metastases	Size \geq 50 mm	CEA \geq 200 ng/mL ^a	Survival	
				3 years (%)	5 years (%)
0	0	0	0	60.5	53.3
1	1	0	0	38.2	29.9
	0	1	0	26.7	19.1
2	0	0	1	7.9	4.1
	1	1	0	8.0	4.2
	1	0	1	0.8	0.2
	0	1	1	0.1	0
3	1	1	1	0	0

^a CEA value at diagnosis

CEA \geq 200ng/mL



ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejcancer.com



Original Research

Resection of colorectal liver metastases after second-line chemotherapy: is it worthwhile? A LiverMetSurvey analysis of 6415 patients



QT 1a Linha - 5.624

QT 1a e 2a Linha - 791



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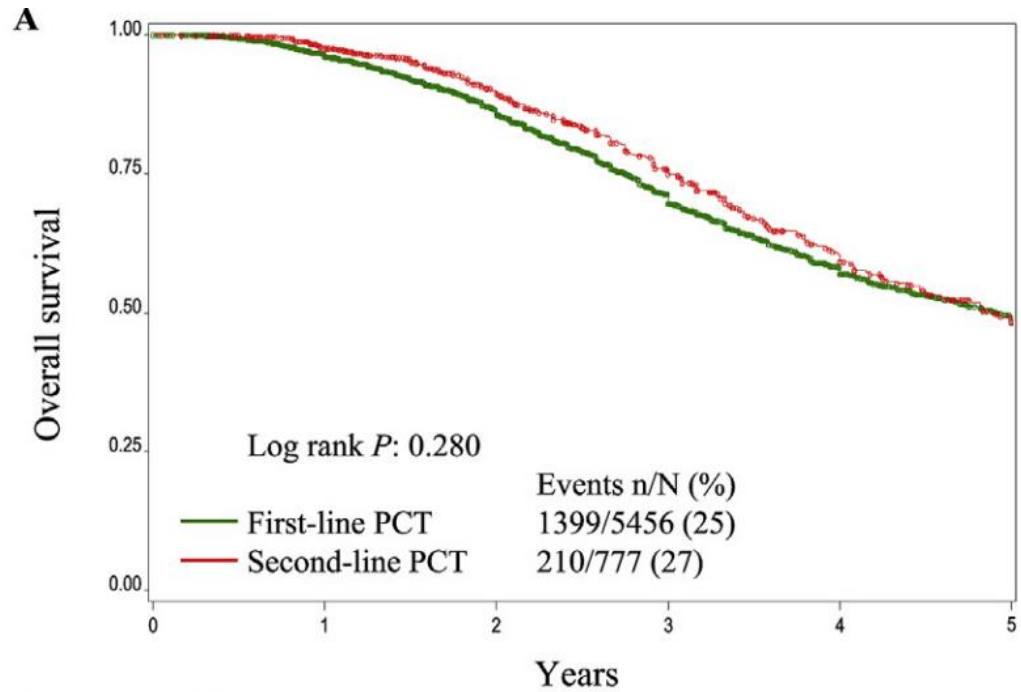
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Resection of colorectal liver metastases after second-line chemotherapy: is it worthwhile? A LiverMetSurvey analysis of 6415 patients





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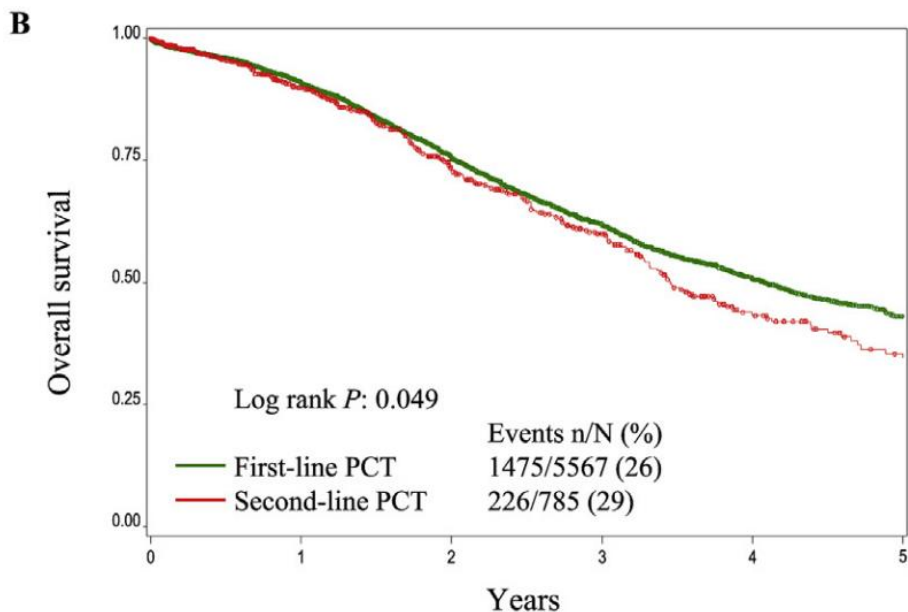
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journal homepage: www.ejcancer.com

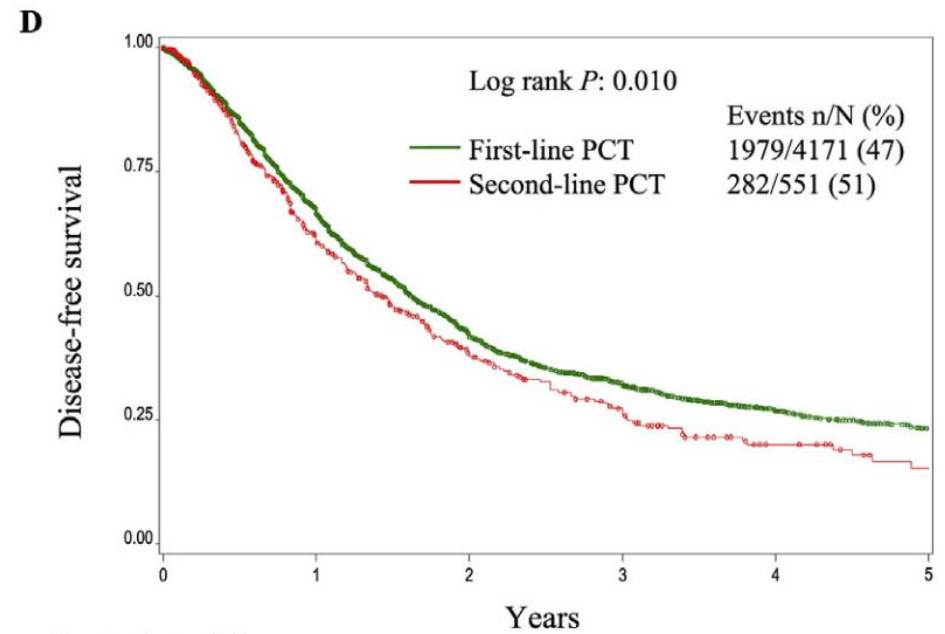


Original Research

Resection of colorectal liver metastases after second-line chemotherapy: is it worthwhile? A LiverMetSurvey analysis of 6415 patients



Survival rate (%)	0	1	2	3	4	5
1PCT	91	76	62	51	43	43
2PCT	90	74	60	43	35	35



Survival rate (%)	0	1	2	3	4	5
1PCT	68	42	32	27	23	23
2PCT	62	39	27	20	15	15



Available online at www.sciencedirect.com

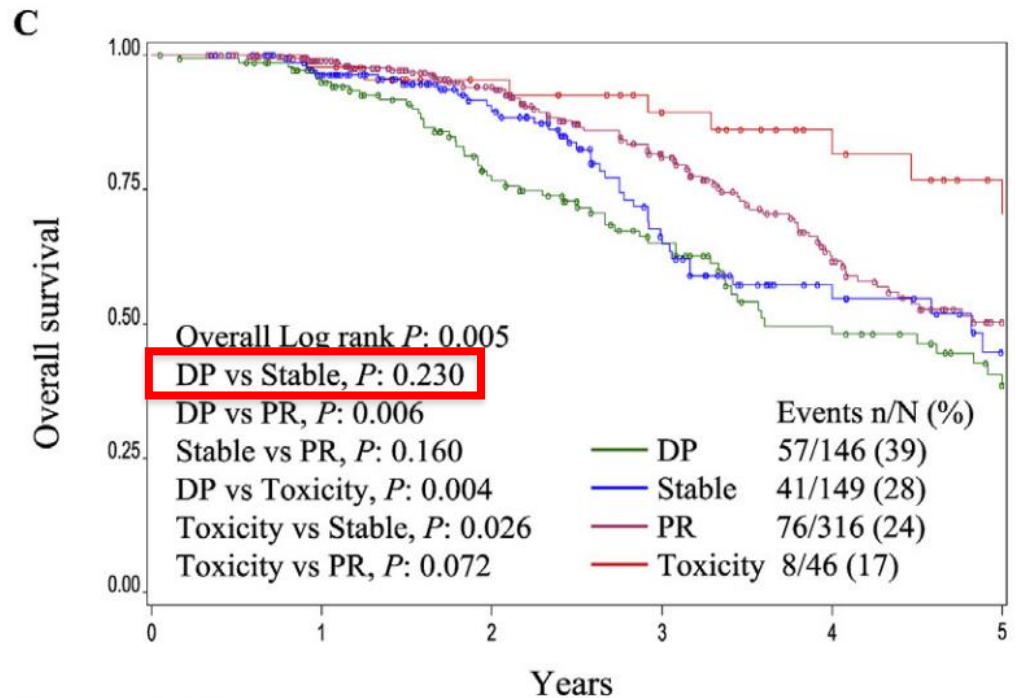
ScienceDirect

journal homepage: www.ejancer.com



Original Research

Resection of colorectal liver metastases after second-line chemotherapy: is it worthwhile? A LiverMetSurvey analysis of 6415 patients



Indicar cirugía

Adam R, et al. Eur J Cancer 2017;78:7-15.

Survival rate (%)	0	1	2	3	4	5
DP	96	78	65	50	40	
Stable	96	91	66	57	45	
PR	99	94	82	63	50	
Toxicity	98	95	89	86	77	

Article

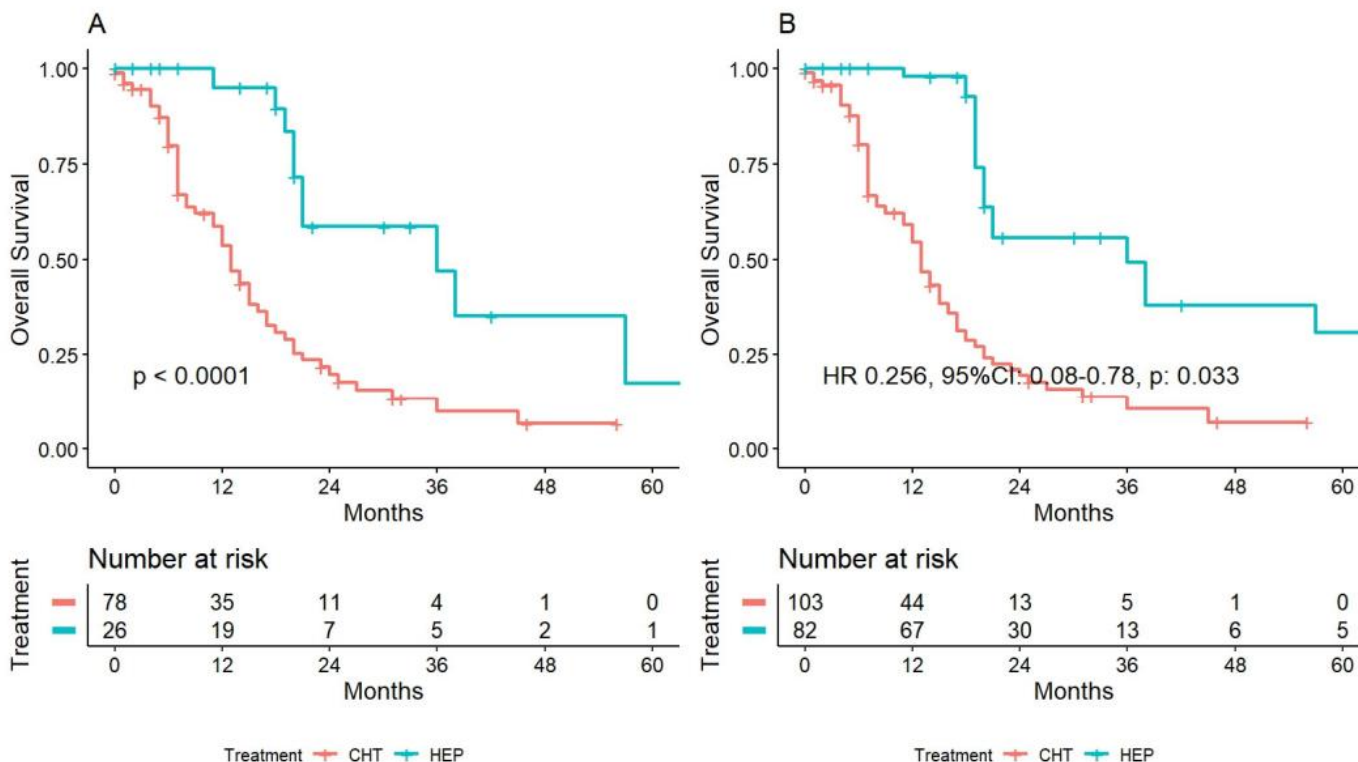
Hepatectomy versus Chemotherapy for Resectable Colorectal Liver Metastases in Progression after Perioperative Chemotherapy: Expanding the Boundaries of the Curative Intent

Hepatectomia
Quimioterapia

- II-line perioperative chemotherapy (HEP)
- Prosecution of chemotherapy alone

Article

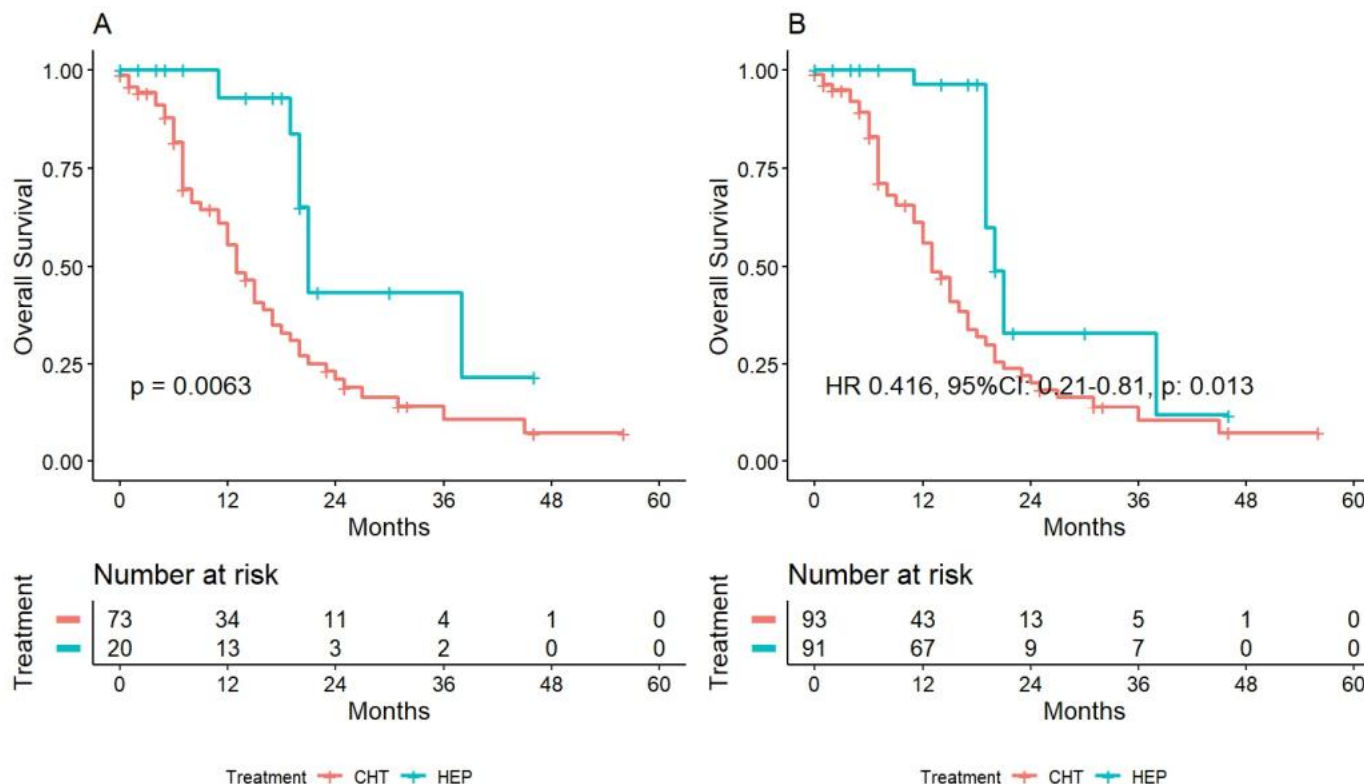
Hepatectomy versus Chemotherapy for Resectable Colorectal Liver Metastases in Progression after Perioperative Chemotherapy: Expanding the Boundaries of the Curative Intent



II-line perioperative chemotherapy (HEP)
 Prosecution of chemotherapy alone

Article

Hepatectomy versus Chemotherapy for Resectable Colorectal Liver Metastases in Progression after Perioperative Chemotherapy: Expanding the Boundaries of the Curative Intent



II-line perioperative chemotherapy (HEP)
 Prosecution of chemotherapy alone