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RESECTION OF LIVER METASTASES AFTER NEO-ADJUVANT TREATMENT WITH BEVACIZUMAB : THE GHENT UNIVERSITY HOSPITAL EXPERIENCE.

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Introduction : Resection of colorectal liver metastases in selected patients has become standard of care, with reported 5-year survival rates between 20 and 55%. Resectability rate is an important secondary endpoint in studies evaluating efficacy of chemotherapeutic regimens. It is important however, to assess prognostic factors for disease recurrence after resection, because this will enable us to make a better distinction between patients who might benefit from surgery and patients who will not.

Methods : We analyzed our experience in patients pretreated with Folfox or Folfiri + bevacizumab retrospectively, focusing on tumour recurrence. 37 patients with a mean age of 58 years [IQ range 52-65] diagnosed with liver-only metastases of colonic (n = 24) or rectal (n = 13) cancer underwent liver resection between September 2007 and October 2009. Resectability of liver metastases was scored at diagnosis according to Nordlinger et al (Ann Oncol. 2009). Pathologic response was reported as the mean of the percentage of viable cancer cells remaining within each tumour according to Blazer et al (J Clin Oncol. 2008).

Results : The median follow-up since liver surgery was 14 months (IQ range 5-15). 17 patients had disease recurrence. The median time to recurrence was 6 months (IQR 4-9). 17 (46%) patients were considered as initially not optimally resectable and 20 (54%) as resectable. R0 resection rate was higher in patients that were considered resectable (90 versus 53%), and recurrence rate was lower (30 versus 59%). Only 1 patient (3%) had complete response (no residual cancer cells), as opposed to 6-12% of patients in other series after induction chemotherapy with bevacizumab. 19 (51%) patients had major response (1-49% residual cancer cells), 17 (46%) had minor response (³ 50% residual cancer cells). There was no difference in recurrence rate between the two groups. Surprisingly, recurrence rate was higher in patients with metachronous liver disease. The difference was not caused by a lower R0 resection rate or% of major pathological response.

Conclusion : In our experience, pathological response did not predict recurrence after preoperative chemotherapy, whereas the initial presentation as resectable disease and the absence of a positive surgical margin did.