

HEPATECTOMY FOR COLORECTAL LIVER METASTASES IN PATIENTS WHO PROGRESSED AFTER PREOPERATIVE CHEMOTHERAPY

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Background : It is difficult to decide whether to perform hepatectomy or to switch to the next line of chemotherapy for colorectal liver metastases (CRLM) patients who progressed after preoperative chemotherapy. We aimed to clarify the clinical significance of hepatectomy in cases of chemotherapy refractory patients.

Methods : We retrospectively examined 282 CRLM patients who underwent initial hepatectomy after preoperative chemotherapy from 2001 to 2022. We analyzed the long-term outcomes and prognostic factors according to chemotherapy effectiveness.

Results : The median number of cycles of preoperative chemotherapy was 6 (2-44). The 5-year overall survival (OS) rate after hepatectomy in 282 patients was 42.8%. The median OS was 49.6 months, and the median recurrence-free survival time was 7.7 months. Comparing the 167 patients with PR, 90 with SD, and 25 with PD by chemotherapy response assessment, the median OS was 57.6 months, 40.6 months, and 21.2 months, respectively (PR/SD vs PD, $p=0.030$). Multivariate analysis revealed that preoperative prognostic factors for OS in the patients with PD were metachronous liver metastasis ($p=0.006$, $\text{Exp(B)}=8.9$) and four or more liver metastases ($p=0.005$, $\text{Exp(B)}=21.7$). Eight patients with fewer than four liver metastases had the median OS not reached and the five-year OS rate of 87.5%, whereas 17 patients with four or more liver metastases had the median OS of 16.0 months and the five-year OS rate of 7.9%.

Conclusions : Even in patients with unresponsive to chemotherapy, the patients with the limited number of liver metastases can be expected to have a good prognosis after hepatectomy.