

THE LIVER-FIRST APPROACH IN THE TREATMENT OF PATIENTS WITH BORDERLINE RESECTABLE SYNCHRONOUS COLORECTAL LIVER METASTASES: INITIAL EXPERIENCE OF A NEWLY ESTABLISHED HEPATOPANCREATOBILIARY UNIT

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Background : War may cause delays in the treatment of oncological patients and negatively impact oncological outcomes. For patients with borderline resectable colorectal liver metastases (CRLM), it is crucial to undergo surgical treatment in a timely manner. The liver-first approach for treating patients with synchronous colorectal liver metastases is still poorly studied. Strict indications for this strategy, especially in resource-limited settings, remain unclear.

Methods : We conducted a retrospective data analysis to evaluate the effect of the liver-first approach in the treatment of patients with borderline resectable synchronous CRLM. We compared patient demographic data, primary tumor type, the number and location of metastases within the liver, completion of both stages of surgical treatment, and short-term surgical outcomes for patients treated in a newly established hepatopancreatobiliary unit at Kyiv City Oncology Center in Ukraine from October 2023 to December 2024.

Results : Using the liver-first approach, 8 liver resections were performed. Types of surgery included anatomical resections in all cases (involving 4 or more segments in 3 cases), combined with wedge resections in 4 cases. The mean number of metastases was 5.6 (range: 1 to 14). During the observation period, 5 (62.5%) patients underwent surgical treatment for both the metastases and the primary tumor. Severe postoperative complications (grade \geq III) were observed in 1 (12.5%) patient, with a zero-mortality rate.

Conclusions : The liver-first strategy for treating patients with borderline resectable synchronous CRLM is a feasible approach for selected patients, even in resource-limited settings.

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