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DO WE NEED ADJUVANT TREATMENT AFTER SURGICAL RESECTION OF COLORECTAL METASTASES?

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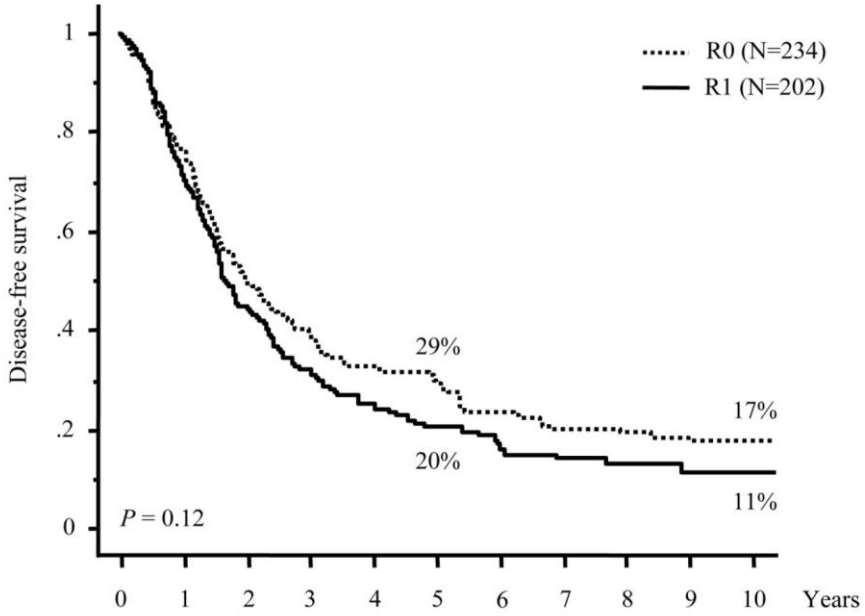
IS SURGERY A CURATIVE THERAPY?

- The majority of patients experience relapse after potentially curative surgery of colorectal metastases
- This finding is not necessarily linked with a resection status, but more likely to micrometastases
- The aim of any adjuvant treatment (irrespective if UICC stage II, III, IV is to eliminate micrometastases
- The role of adjuvant therapy in stage III is undebated, but not confirmed in patients post-UICC IV disease



Patients at risk	Total	1 yr	3 yrs	5 yrs	6 yrs	8 yrs	10 yrs
R0	232	160	74	46	34	22	14
R1	201	131	47	24	17	9	7

De Haas et al. Ann Surg 2008

ADJUVANT THERAPY AFTER RESECTION OF METASTASES

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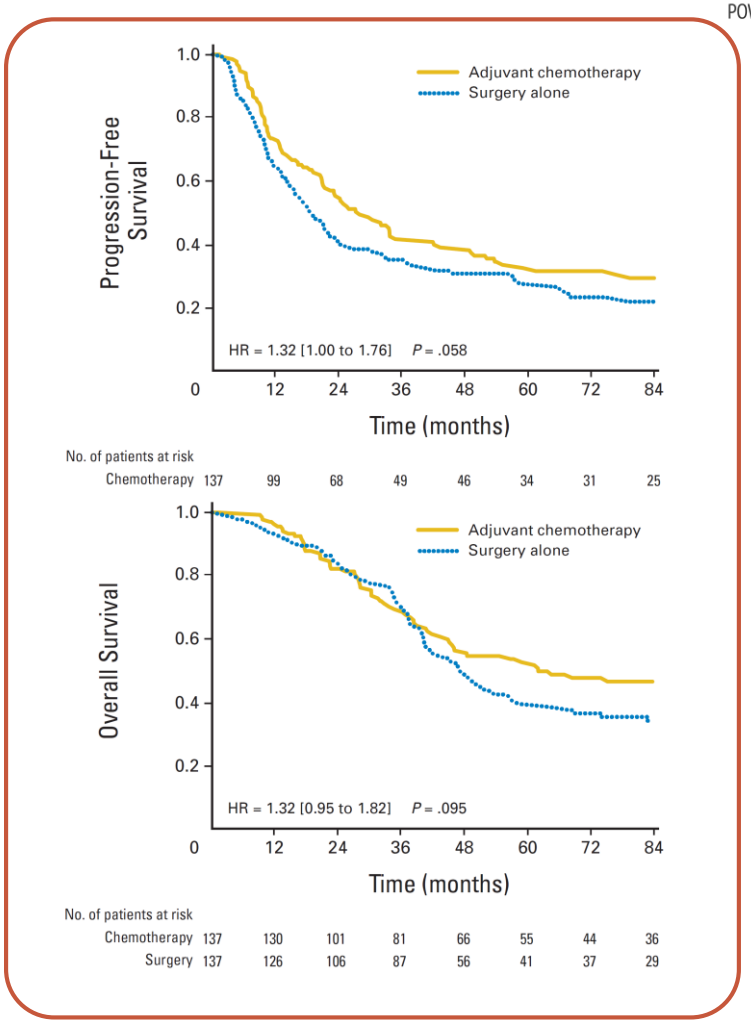
Postoperative 5-FU Bolus Regimens

- Only pooled analysis of two aborted trials
- Strong trends, no significant benefit
- Regimen no longer used in treatment of colorectal cancer
- Might suggest active therapy after resection of metastases



Mitry et al. J Clin Oncol 2008

PERIOPERATIVE THERAPY IN LIVER LIMITED CRC

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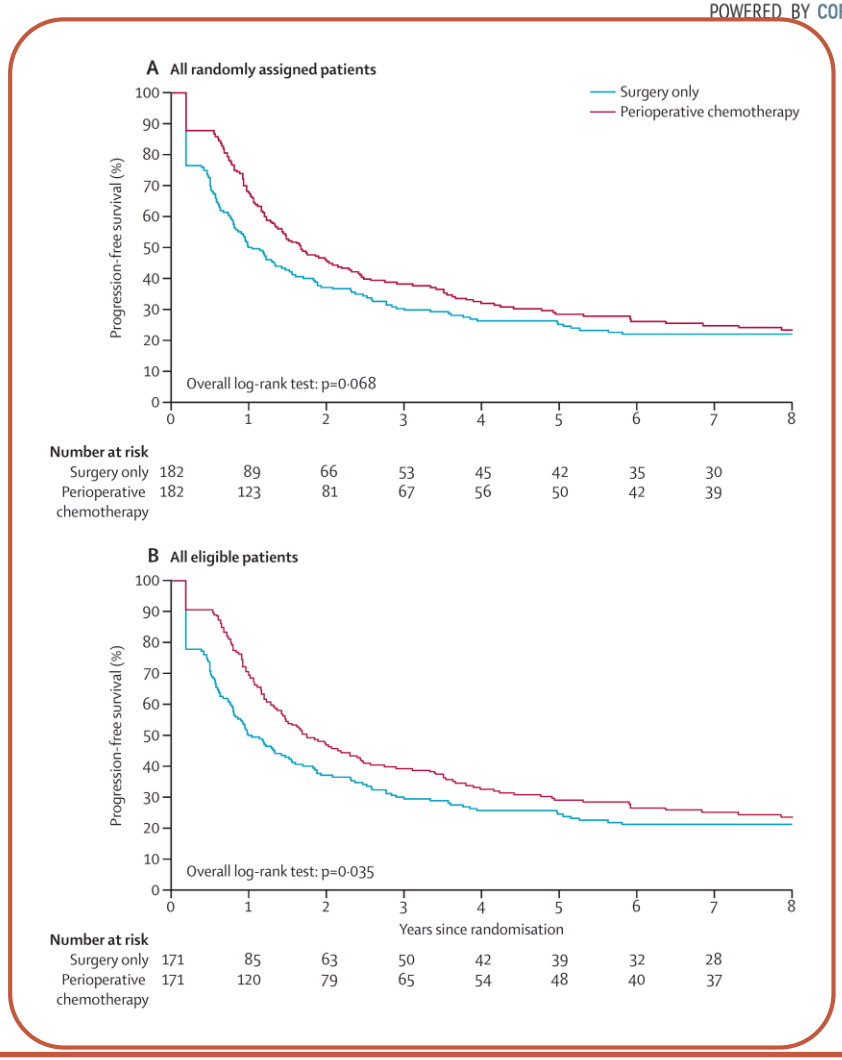
Perioperative FOLFOX (EORTC 40983)

- FOLFOX significantly prolongs PFS in resectable patients
- FOLFOX did not impact overall survival. Study was not powered for OS, but still only small differences
- FOLFOX led to higher postoperative complication rate and long term PNP

→ Provides indirect support of additive therapy, since it included pre-operative and postoperative treatment, but higher toxicity and no clear survival benefit



Nordlinger et al. Lancet Oncol 2013

ESMO CONSENSUS STATEMENT 2016

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- In patients with clearly resectable disease and favourable prognostic criteria, perioperative treatment may not be necessary and upfront resection is justified *[I, C; consensus >75%]*
- In patients with technically resectable disease where the prognosis is unclear or probably unfavourable, perioperative combination chemotherapy (FOLFOX or CAPOX) should be administered *[I, B; consensus >75%]*
- Targeted agents should not be used in resectable patients where the indication for perioperative treatment is prognostic in nature *[II, E]*

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