

Oral Presentation I

I-1

The Prognostic Factors in Patients Who Underwent Hepatic Resection of Colorectal Liver Metastases in the Era of Effective Chemotherapy

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Purpose: Hepatic resection is generally accepted as the only potential for long-term survival in patients with colorectal liver metastases although the liver lesions were extensive even in the era of effective chemotherapy. The aim of this study was to analyze the prognostic factors associated with the outcome after hepatic resection of colorectal liver metastases.

Methods: From January 2003 to December 2008, 226 patients underwent hepatic resection of colorectal liver metastases in Seoul National University (SNU) hospital. We retrospectively reviewed the medical records. The variables considered included disease stage, differentiation grade, site and nodal metastasis of the primary tumor, number and diameter of the lesions, time duration from hepatic resection to recurrence of colorectal liver metastases on any sites (DFI), perioperative carcinoembryonic antigen (CEA) level, use of chemotherapy, type of resection, estimated blood loss, intraoperative transfusions, post-operative complications.

Results: The mean age was 69.7 years and 149 (65.9%) patients were male. A total of 23 patients (10.1%) underwent neoadjuvant chemotherapy for liver lesions. At the time of hepatic resection, 180 patients (79.2%) had 1 or 2 tumors, and 46 (20.8%) had between 3 and 8 tumors. The median size of the largest tumor was 2.6 cm, and 39 patients (17.3%) had tumors larger than 5 cm. Unilobar distribution of tumors was present in 169 patients (74.8%). A total of

51 more than hemihepatectomies (22.6%), and 56 sectionectomies (24.8%), and 119 segmental and/or wedge resections (52.6%) were performed as the primary procedure. 13 patients (5.8%) of these required additional hepatic resections in addition to the primary resection. Median follow-up was 34.1 months and the 5-year survival rate was 62.2 months. On univariate and multivariate analysis, age ($p=0.022$), differentiation of primary tumor ($p=0.001$), DFI ($p<0.001$) were associated with patient survival, and number of liver metastasis (3 or more lesions) ($p=0.002$) was only associated with disease free survival.

Conclusion: In the era of effective chemotherapy, number of multiple liver tumors was only associated with poor disease free survival, but not with patient survival. Long-term survival can be achieved after hepatic resection of colorectal liver metastases in the patients with young age, well differentiation of primary tumor and DFI more than 12 months.

I-2

Outcomes after Simultaneous and Consecutive Hepatic Resection in Hepatic Metastasis with Colorectal Cancers

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Background: Outcomes after simultaneous and consecutive hepatic resection in Hepatic metastasis with colorectal cancers.

Purpose: In hepatic metastasis from colorectal cancer (CRC), aggressive surgical therapy may outgain the benefit. In this study, therefore, character of Hepatic metastases of colorectal cancer and outcome of Hepatic resection with potentially curative intention has been evaluated.

Patients: Between January 2000 to December 2010, 23 Patients, who underwent curative Hepatic resection for synchronous or metachronous liver metastasis from colorectal cancer, reviewed retrospectively. The following variables or factors have been analyzed: Surgery and stage of colorectal cancer, numbers and sizes of Hepatic metastasis, type of hepatic resection, remnant malignant cell of resection margin, recurrence,