

Synchronous Rectal Cancer + Limited liver metastases

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Rectal Cancer

Work Up:

- Colonoscopy
- CT Scan (Th., Abd., Plv.)
- EUS
- Pelvic MRI
- Lab. Profile & tumor markers
- Pathology (RAS & BRAF)
- PET CT-Scan ?

Rectal Cancer

The challenges on M1 Confirmation

Biopsy or Image based?

- PET – CT Scan?

Rectal Cancer

Surgical Resection of liver met.s

- mortality?
- How is initially unresectable cases?
- How is potentially convertible cases?
- Patient Selection? % liver vol. – extrahepatic dis. – adequate liver remnant- involvement of hepatic artery, bile ducts, main portal vein, celiac LN & etc.
- Laparoscopy?

Rectal Cancer

Neoadjuvant Chemotherapy/ Conversion Therapy

- Patient's Condition (Age, lab. Profile, markers, drug tolerance & etc.)
- Indications
- Liver toxicities?
- Regimen Choice: (FOLFIRI, FOLFOX, CapEox, infusional 5 Fu)
- Target Therapy?
Dual antibody Therapy?
- Hepatic Intraarterial (HIA) Chemotherapy
- Immunotherapy?

Rectal Cancer

Regional Treatments for Hepatic metastases:

Surgical resection

Local Ablation: - Alcohol/ acetic acid instillation
 - Radio Frequency Ablation (RFA)

Regional hepatic intra-arterial chemotherapy or chemoembolization

Stereotactic body Radiotherapy (SBRT)

Rectal Cancer

Response Evaluation:

- RECIST
 - Image based morphologic criteria
- Timing to surgery?
 - Repeat resection for recurrent metastases?

Rectal Cancer

Take Home Message

Synchronous liver met.s

- ❖ Exact staging is mandatory.
- ❖ Treatment plan should be finalized by MDT (GI.man, Radiologist, Surgeon, Oncologist) Considering the patient's physical & Psychosocial condition.
- ❖ In potentially resectable hepatic met.s, primary resection could be considered after chemoradiation for rectal cancer.
- ❖ Optimal patient selection for surgical resection of primary site and isolated liver met.s based on level of response to preoperative treatment.
- ❖ Predicted inop. Cases:
 - CHA, CHBD, main Portal V. involvement
 - Extensive liver involvement (>70% , >6 segments, 3 hepatic Veins)

Rectal Cancer

Take Home Message

Synchronous liver met.s

- ❖ Diagnostic laparoscopy.
 - only in cases with: a- suspicious low volume carcinomatosis
 - b- high risk for intraperitoneal met.s
- ❖ Optimal timing of liver resection is uncertain, (one stage Vs two stages)
- ❖ Optimal chemotherapy regimen is not established (FOLFOX, FOLFOXIRI, FOLFIRI + Cetuximab, Panitumumab, Bevacizumab)
- ❖ Initially unresectable liver met.s : upfront chemotherapy
- ❖ Optimal Radiation Therapy in primary site is external beam (preferred classic one)
- ❖ SBRT is a new emerging modality (curative effect, low cost) for liver met.s

Thanks for your
attendance

