370. Simultaneous versus delayed resection for patients with synchronous colorectal liver metastases
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Background: In recent years, the simultaneous resection for synchronous colorectal liver metastases is gaining more and more ground. However, there is no universal accepted surgical strategy for these patients. The aim of this study was to compare the short and long term outcomes of simultaneous resections with delayed resections.

Materials and methods: The patient records of patients who had liver resection at two Hepato-Pancreato-Biliary (HPB) units from 2000 to 2012 were evaluated and a retrospective database was created. In this database were included only patients who underwent simultaneous or delayed resection for synchronous colorectal liver metastases. Patients who received the ‘liver first’ approach were excluded from this study.

Results: Of the 143 hepatic resections that were performed, 37 were simultaneous resections and 106 were delayed resections. Major hepatic resections were performed in 25 (61%) and 70 (65%) of patients in the simultaneous and delayed groups respectively (P = 0.705). There were no differences in post-operative complications (P = 0.580) or post-operative mortality (P = 0.098). With regards the admission for hepatectomy, the length of hospital stay was 13 (min 7, max 48) and 10.5 (min 3, max 15) days in the simultaneous and sequential groups respectively (P = 0.041). The 3-year overall survival was 74% and 71% in the simultaneous and sequential groups respectively (P = 0.57). The 3-year recurrence free survival was 25% and 20% in the simultaneous and sequential groups respectively (P = 0.360).

Conclusion: Simultaneous resections result in similar short-term and long-term outcomes as patients receiving sequential resections with comparable metastatic disease.

No conflict of interest.

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371. Radioembolization using yttrium-90 following by redo hepatectomy for colorectal liver metastases: Concerns and feasibility
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Background: Surgical resection is the only potentially curative strategy in the treatment of patients with colorectal liver metastases (CLM). Unfortunately, only about 10%–15% of patients are candidates for resection. Preoperative chemotherapy aims to increase the number of patients that may be eligible for liver resection by downsizing liver metastases. For patients with unresectable, chemotherapy refractory CLM the available treatment options are limited. Selective inter-arterial radiation therapy (SIRT) is one of the most promising treatment options for this group of patients. Although only a small number of these patients have been reported as becoming candidates for potentially curative hepatic resection following sufficient reduction in the volume of liver metastases, the question arises regarding the safety of liver resection in these patients.

Conflict of interest: Advisory board: Mark53 ltd

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372. Reverse treatment for patients with colorectal cancer and synchronous liver metastasis
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Background: For patients with colorectal cancer and synchronous liver metastasis, the reverse approach inverts the classical treatment sequence as it starts with systemic chemotherapy, followed by resection of the liver metastases, and finally removal of the primary tumor. This current study aimed to assess the feasibility and long-term survival after a reverse treatment.

Patients and methods: Between August 2008 and May 2013, 28 patients (15 males, 13 females, median age 64 years) underwent a reverse treatment approach. Histopathological tumor response to chemotherapy was assessed using the Mandard score that grades tumor response (TRG) from grade 1 (complete response) to grade 5 (no response). Long-term survival was calculated by Kaplan-Meier survival curves, whereby survival times started after diagnosis. Data were extracted from our prospective hepatobilary database.

Results: Different chemotherapy regimen were used, whereby most patients received Folffox (Leucovorin, 5-FU and Oxaliplatin), and underwent 6 cycles before liver surgery. Bevacizumab and/or Cetuximab were used in 19 patients. Adverse effects of the chemotherapy were observed in 16 patients and were mostly mild, except for 3 patients who presented an anaphylactic reaction to Oxaliplatin or Cetuximab.

Median numbers of liver metastases per patient were 5 (1–24), with a median size of 48 mm (7–150 mm). Liver metastasis showed a complete or good response (TRG 1–2) in 15 patients and a poor response (TRG 3–4) in 13 patients. Only one patient had a disease progression under treatment, and thus, the primary tumor was not resected.

Median disease-free survival was 5 months (0–51 m). Tumor recurrence occurred as new liver metastases in 12 patients, liver metastases concomitantly with another location in 5 patients (4 pulmonary and 1 ovari), 2 pulmonary lesions and 1 para-anal tumor. Recurrences were treated by surgery, radiofrequency ablation, chemotherapy or by a combination of these modalities. Actually, seven patients are without tumor recurrence after a median follow-up of 8 months (2–51 m) after resection.
373. Long survival can be obtained after liver resection for single metastases from NET
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Background: Resection is the only potentially curative treatment for metastatic neuroendocrine tumors (NETs); however, criteria determining which patients would benefit from surgery are still needed. Little information is available regarding the number of metastases as a prognostic factor. We evaluated the results of surgical treatment in a series of patients with NETs metastatic to the liver where only a single metastases was identified and resected.

Methodology: Patients that presented liver metastases from NETs submitted to liver resection at Paul Brousse Hospital (PBH) were identified. We selected those cases where only one single metastases was identified and resected. Results of surgical treatment and follow up were determined.

Results: A total of 76 patients were submitted to hepatic resections for metastatic NETs at PBH between 1984 and 2013. Eleven patients presented one single metastases in the preoperative exams. In the pathologic postoperative examination two patients presented multiple lesions and were excluded, resulting in a total of 9 patients (11.8%). Seven patients were male. Median age was 59 years. The small bowel was the primary tumor site in 2 cases, followed by the pancreas, thyroid and rectum in 1 case each. In four patients the primary tumor remained undiscovered. The mean size of the liver lesions was 9.8 cm (0.8–280). Grade was G1 in 4 patients, G2 in 4 others and G3 in 1. The metastases were synchronous in 7 cases. R0 resection was achieved in all cases. The mean of follow up was 79.6 months (8–179).

Three patients had recurrence.

One patient had recurrence at the lymph nodes of the hepatic pedicle 20 months after the hepatic resection. The patient was submitted to hilar lymphadenectomy and chemotherapy and is alive without disease 68 months afterwards.

A second patient presented liver, lung and peritoneal recurrence 8 months after the hepatic surgery for a G3 lesion. This patient died 36 months after with progressive disease.

The third patient had hepatic recurrence 28 months after the liver surgery. This recurrence was treated with hepatic resection and chemotherapy. She died 166 months after the first hepatic surgery with disease progression.

The median of survival of the patients without recurrence was 49 months (8–179).

Two patients lost follow up at 8 and 15 months. A third patient died at 53 months from histologically proven lung cancer without any sign of NET recurrence. The others three patients were alive free of disease at 45, 124 and 179 months.

Conclusions: Single metastases from NETs are a rare event. Long survival can be obtained after hepatic resection for single liver metastases from G1/G2 NET.

No conflict of interest.

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