



## BRIEF REPORT

# Neoadjuvant Chemotherapy Used for Colorectal Liver and Lung Metastasis Resections<sup>☆</sup>

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### KEYWORDS

Colorectal cancer;  
Neoadjuvant  
chemotherapy;  
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### Abstract

**Objective:** The aim of this study is to determine the hospital's efficiency as regards neoadjuvant chemotherapy for the resection of initially unresectable metastases for patients with metastatic primary colorectal cancer and to describe the chemotherapy used.

**Methods:** Descriptive, retrospective study of patients with colorectal cancer from 2004 to 2007. The percentage of resection for metastases following neoadjuvant chemotherapy administration was studied.

**Results:** Clinical histories of 118 patients diagnosed with metastatic colorectal cancer were reviewed. Metastases were initially resectable in ten patients (8.5%) and unresectable in the remaining 108 patients (91.5%). Following neoadjuvant chemotherapy, metastatic resection was performed on 19 patients.

**Conclusions:** Neoadjuvant chemotherapy played an important role in treating patients with disseminated metastatic colorectal cancer by reducing, in some cases, tumour size and treating initially unresectable metastases susceptible to subsequent surgical resection.

FOLFOX scheme was the most used neoadjuvant chemotherapy treatment.

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### PALABRAS CLAVE

Cáncer colorrectal;  
Quimioterapia  
neoadyuvante;  
Resección metástasis

## Quimioterapia neoadyuvante en la resección de metástasis hepáticas y pulmonares de cáncer colorrectal

### Resumen

**Objetivo:** El objetivo de este trabajo es determinar la efectividad en el hospital de la quimioterapia neoadyuvante en la resección de metástasis inicialmente irresecables, en pacientes con cáncer colorrectal diseminado y describir la quimioterapia utilizada en este contexto.

**Método:** Estudio descriptivo, retrospectivo de los pacientes con cáncer colorrectal diseminado desde el año 2004 hasta el año 2007. Se estudió el porcentaje de pacientes diagnosticados de

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cáncer colorrectal diseminado cuyas metástasis fueron resecadas tras recibir tratamiento con quimioterapia.

**Resultados:** Se revisaron las historias clínicas de 118 pacientes diagnosticados de cáncer colorrectal metastásico. Las metástasis fueron resecables de inicio en 10 pacientes (8,5%) e irresecables en 108 (91,5%). Se administró quimioterapia neoadyuvante a 19 pacientes de los cuales 7 pudieron rescatarse quirúrgicamente.

**Conclusiones:** La quimioterapia neoadyuvante demostró tener un papel importante en el tratamiento de los pacientes con cáncer colorrectal diseminado, disminuyendo el tamaño de las metástasis y posibilitando, en algunos casos, la conversión de metástasis irresecables en metástasis resecables para su posterior resección quirúrgica.

El tratamiento más utilizado como quimioterapia neoadyuvante fue el esquema FOLFOX.

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## Introduction

Colorectal cancer (CRC) has the highest incidence of any type of cancer in Spain (25 600 cases per year).<sup>1</sup> The incidence rate has increased among both sexes and all age groups in the last few decades.<sup>2</sup>

In terms of absolute mortality, CRC caused 7703 deaths in men and 5631 in women in 2006.<sup>1</sup>

The high mortality rate is explained by the fact that approximately 30%–40% of patients diagnosed with CRC suffer metastasis in the course of the disease,<sup>3,4</sup> with 15%–20% of metastasis at the time of diagnosis. Metastases are most commonly found in the liver,<sup>4</sup> followed by the lungs. Metastasis in both locations is present in 5%–10% of all patients.<sup>5</sup>

Resection is impossible for approximately 80% of liver metastases in patients with metastatic CRC (mCRC). The 5-year survival rate for patients with inoperable mCRC is less than 20%.<sup>6</sup> When metastases can be surgically resected, the 5-year survival rate is 30%–40%.<sup>5,7,8</sup> The only potential cure for disseminated mCRC is surgical resection of the metastases. Patients whose metastases are not initially operable have the possibility of undergoing a systemic treatment known as neoadjuvant chemotherapy (NAC) prior to surgery.<sup>4</sup>

Recently developed chemotherapy agents such as oxaliplatin and irinotecan make it possible to shrink tumours,

increase survival rates in inoperable cases and increase the original 20% of patients able to undergo metastasectomy by 10%.<sup>4,8–10</sup>

Associating chemotherapy with the monoclonal antibodies bevacizumab and cetuximab leads to a 12%–20% increase in treatment response compared to chemotherapy alone.<sup>3</sup>

The definition of surgical resectability of liver metastases has changed over time as new chemotherapy agents have been introduced<sup>4</sup> and new diagnostic and surgical techniques have been developed (Table 1).

The aim of this study was to determine in-hospital effectiveness of NAC in resecting initially inoperable metastases in patients with mCRC and describe chemotherapy used in this context.

## Method

Descriptive retrospective study was done of CRC patients admitted between 2004 and 2007 to a 500-bed university hospital serving 250 000 patients and located in an area with 700 000 inhabitants.

Patients with mCRC were identified based on the intravenous chemotherapy records in the pharmacy service. We then proceeded to review the medical histories of all patients to identify those who had undergone NAC according to hospital protocol. Prescribing doctors recorded

**Table 1** Resectability Criteria (Summary Version).

### Liver metastases

Surgical resectability criteria do not depend on the number, size or location of the metastases, but rather on the following requirements:

1. Good general health (Karnofsky index > 70%)
2. No surgical contraindications
3. Intention to completely resect all tumours (R0) with a disease-free resection margin of 5–10 mm
4. Post-operative liver function reserve >25%. If the result is <25%, hypertrophic hepatic parenchyma techniques (portal embolisation) will be performed until liver function has been recovered sufficiently to undergo hepatectomy
5. Resectable extra-hepatic lesions

### Lung metastasis

1. Primary tumour control
2. No other inoperable thoracic metastases were present
3. All lung metastases have to be resected leaving a tumour-free margin.
4. Sufficient respiratory reserve

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