

# Colorectale tumoren

## Behandeling van metastasen

L.F. Abreu de Carvalho

# Overzicht

1. Inleiding
2. Multimodale behandeling
3. Resecabel CRLM
4. Niet resecabel CRLM
5. Extra-hepatische ziekte
6. Synchrone CRLM
7. Heelkunde

# Inleiding

## Gemetastaseerd colorectaal carcinoom

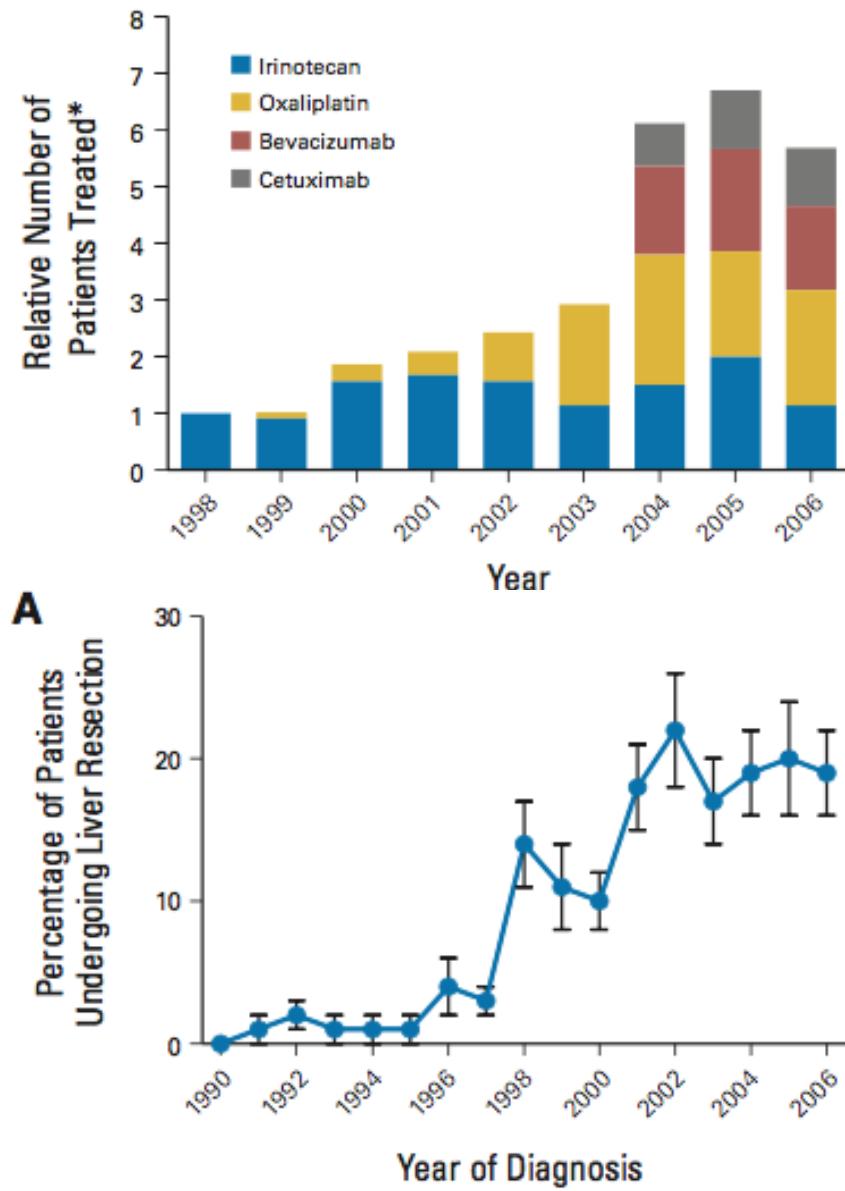
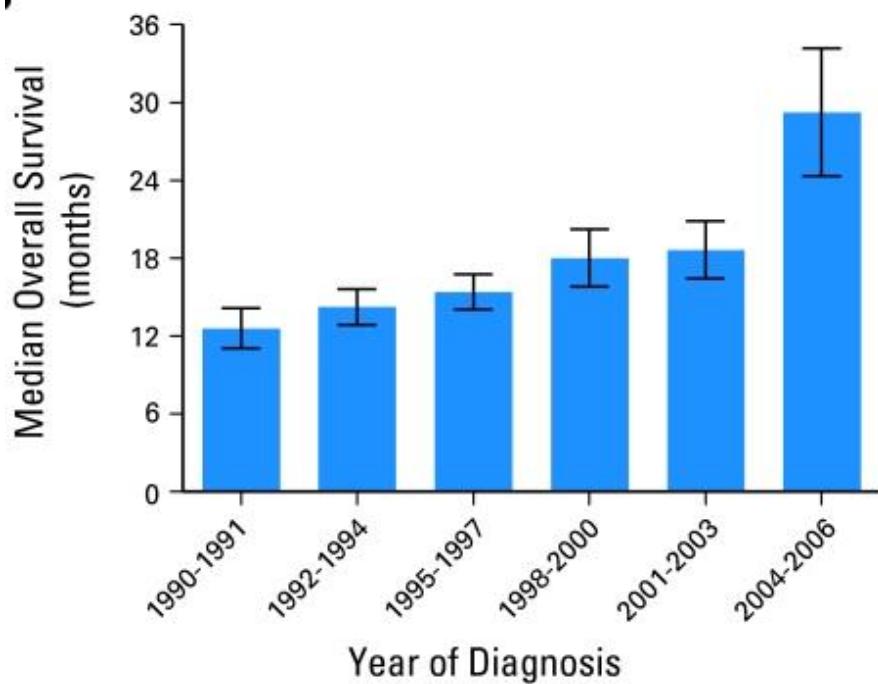
- ▶ 50% patiënten krijgt lever meta's
- ▶ 20-30% liver only

Jaar	Median OS	5YS	
1990-1997	14,2 m	9%	
1998-2000	18 m	13%	chirurgie
2001-2003	18,6 m	19,2%	chirurgie
2004-2006	29,2 m	32%	chemo



# Verbeterde overleving

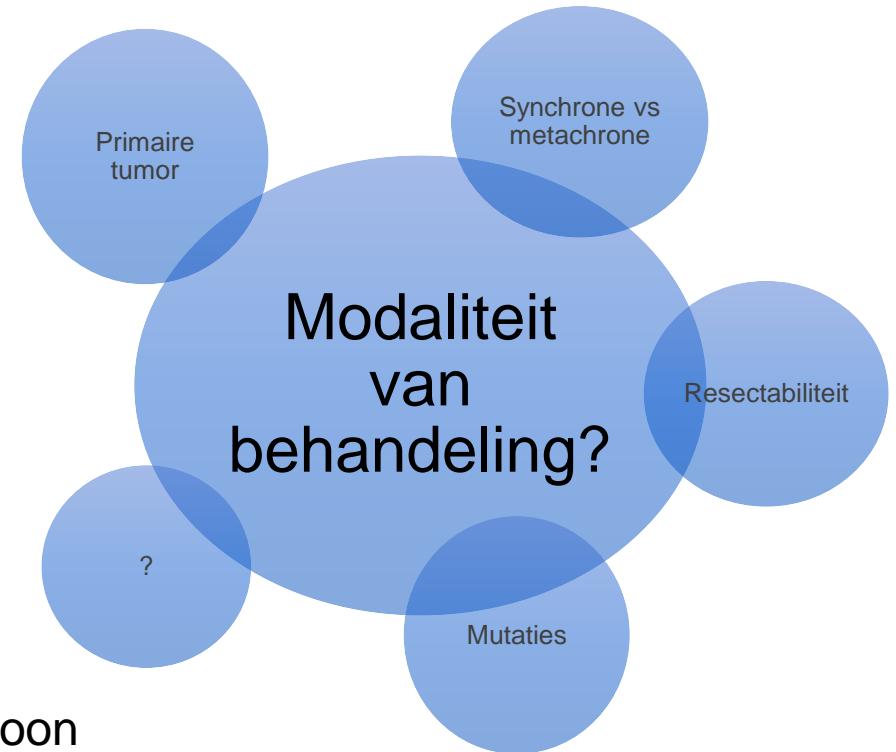
## Gemetastaseerd colorectaal carcinoom



# Prognostische factoren

## Colorectale levermetastasen

- ▶ Rectum vs rechter colon vs linker colon
- ▶ T en N status
- ▶ Aantal en grootte lever meta's
- ▶ Resectabiliteit
- ▶ Metachrone laat recidief vs metachrone vroeg recidief vs synchroon
- ▶ CEA
- ▶ Extrahepatische ziekte
- ▶ Biologie

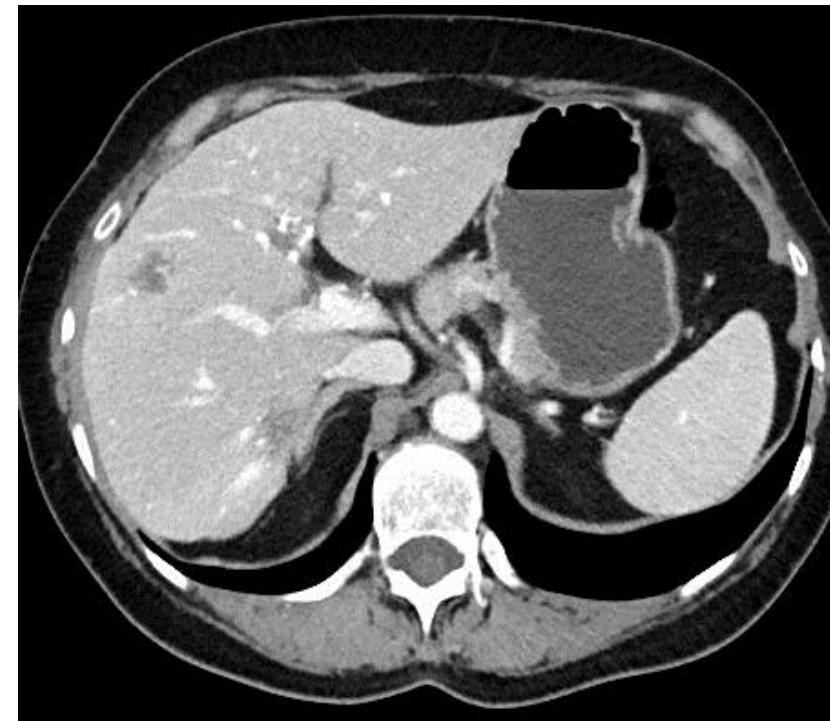


# Multidisciplinaire bespreking

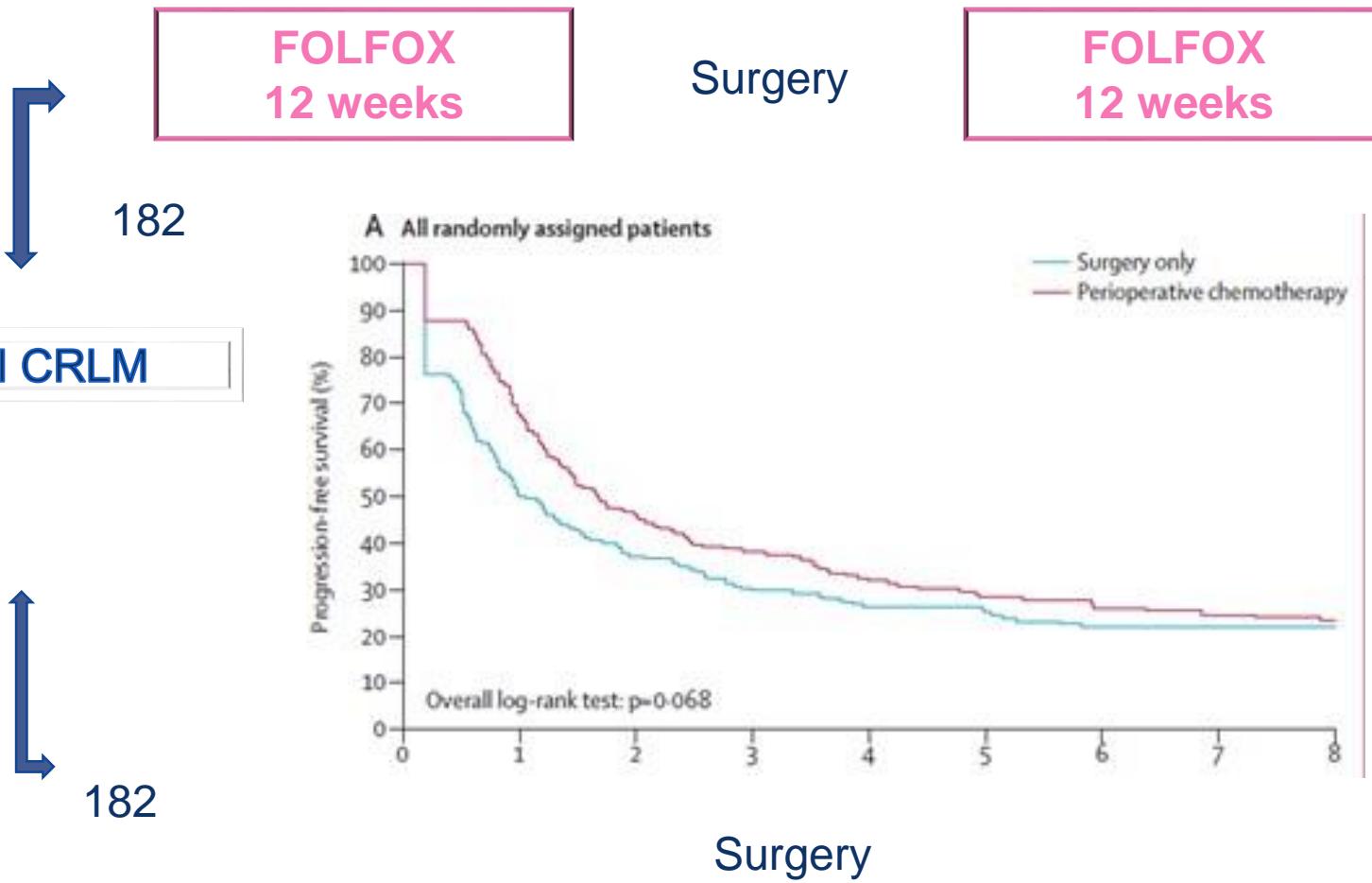
## Strategie

- ▶ Doel behandeling
  - ▶ Resecabel
  - ▶ Niet resecabel → resecabel
  - ▶ Nooit resecabel
- ▶ Timing
- ▶ Patiënt selectie

## Resecable CRLM



# Resecabel CRLM



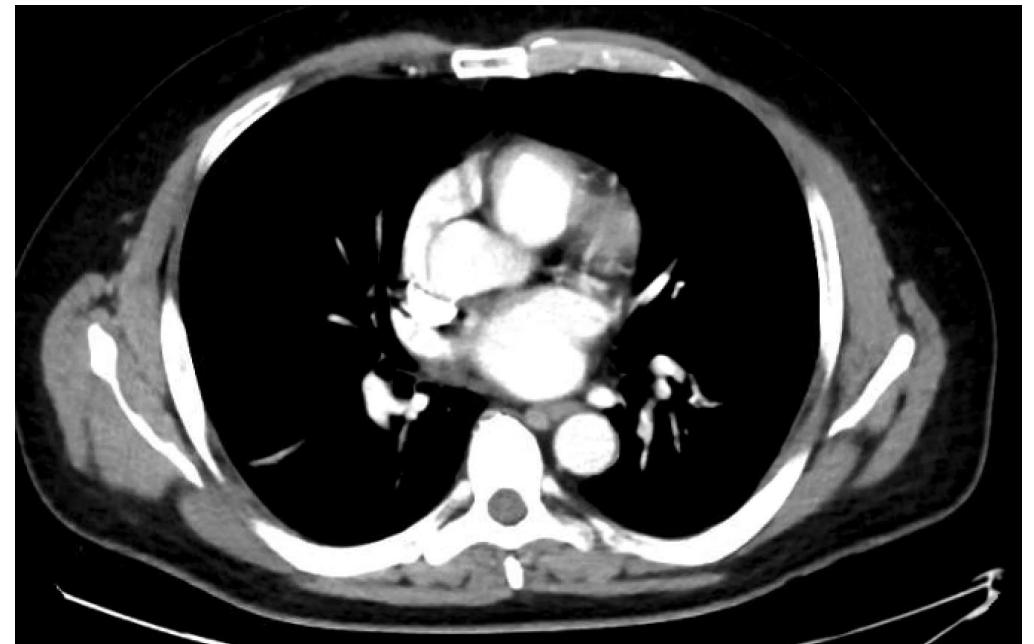
Nordlinger, Lancet 2008  
Nordlinger, Lancet Oncol 2013

## Niet resecabel CRLM

♂ 52 J

- ▶ 02/2018: Rectumcarcinoom + diffuse levermeta's

- ▶ All RAS wild type, CEA 7000 ug/L
- ▶ Palliatief! → nooit resecabel?
- ▶ 4x folfox-panitumumab → neuropathie, rash
- ▶ 4x 5-FU-panitumumab



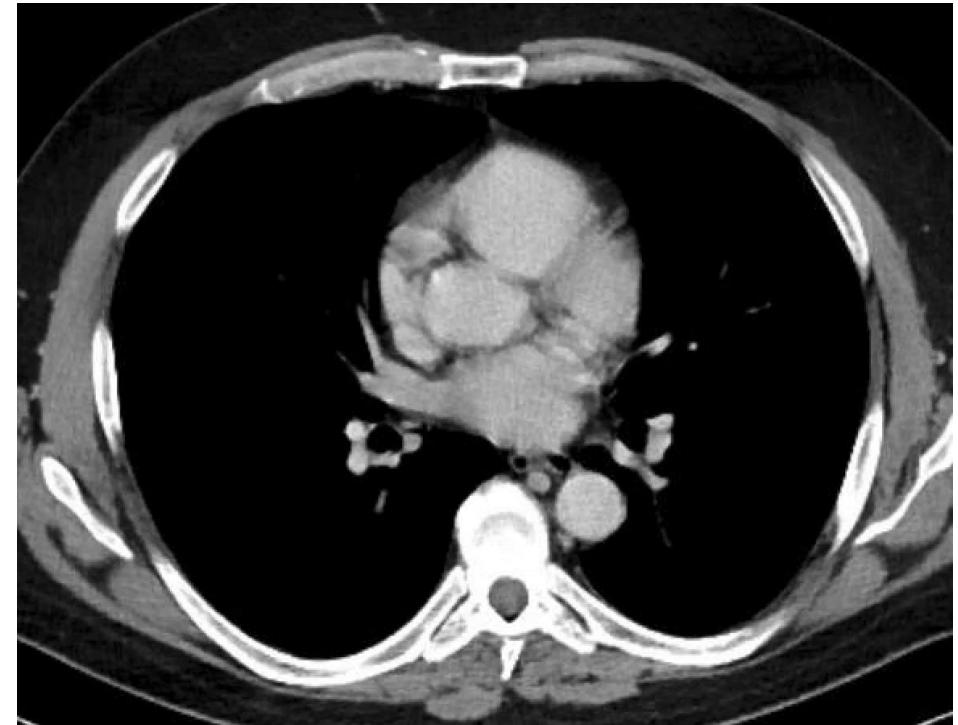
## Casus

Februari



CEA 7000 ug/L

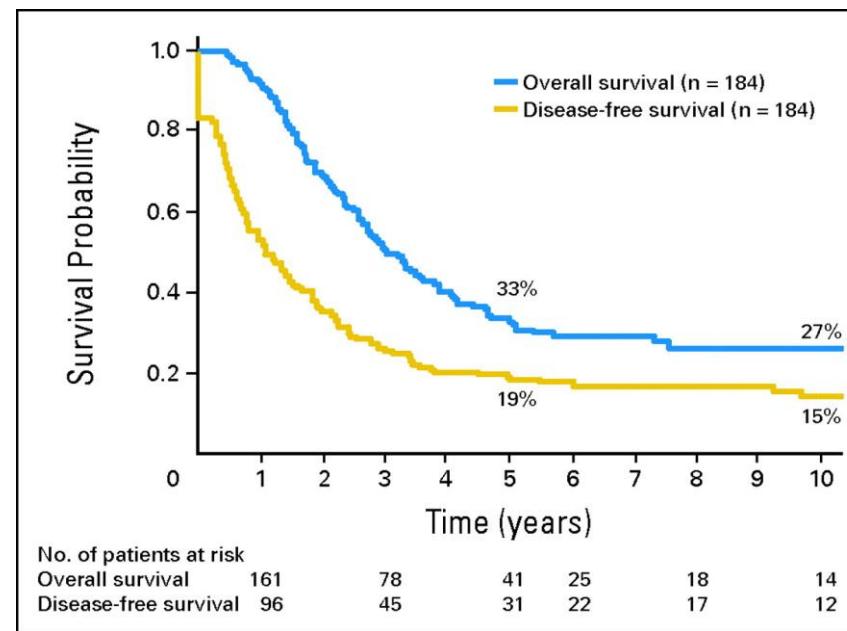
Augustus



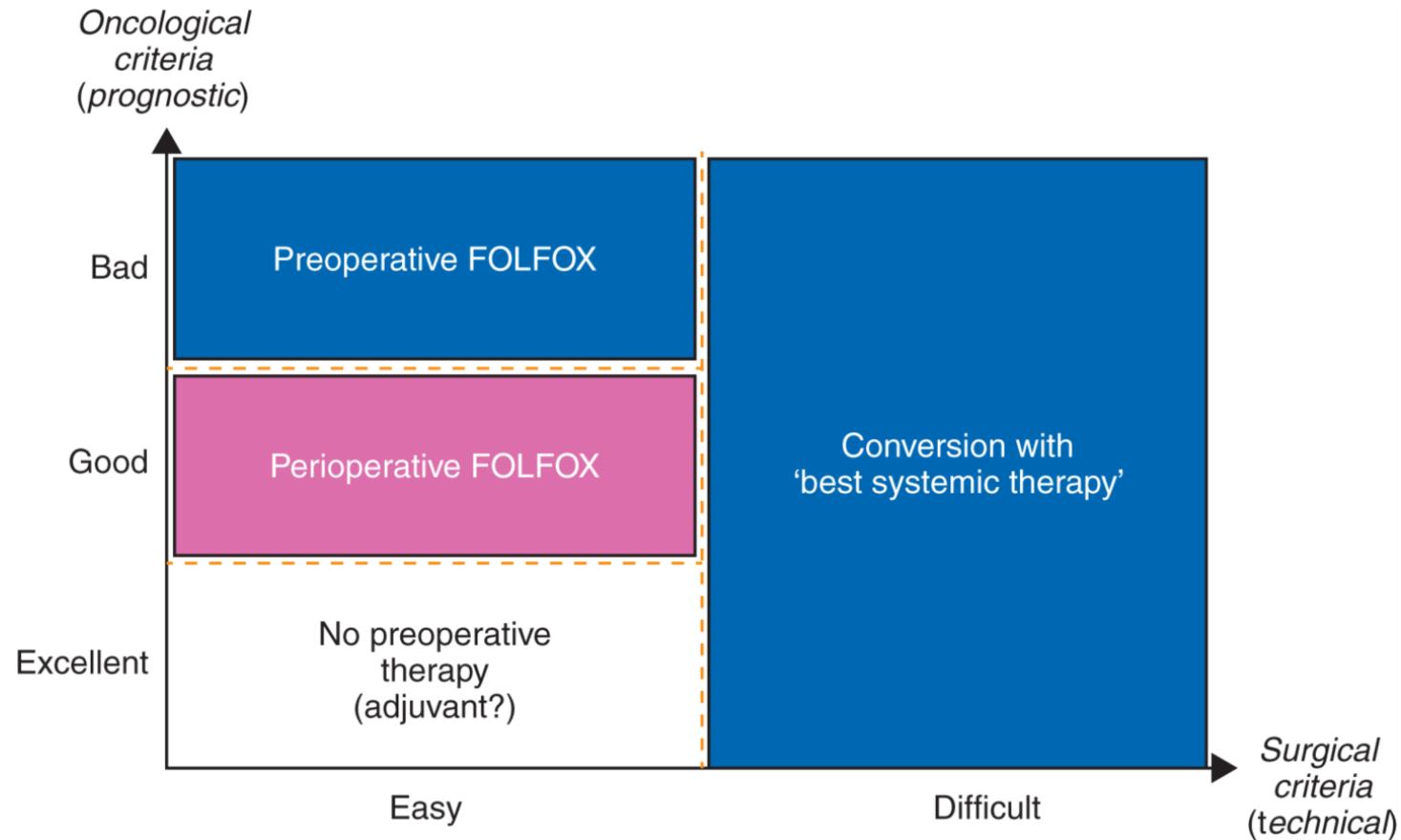
CEA 13 ug/L

# Niet resecabel CRLM

## Chirugie na chemotherapie voor initieel inoperabel CRLM



# ESMO consensus guidelines

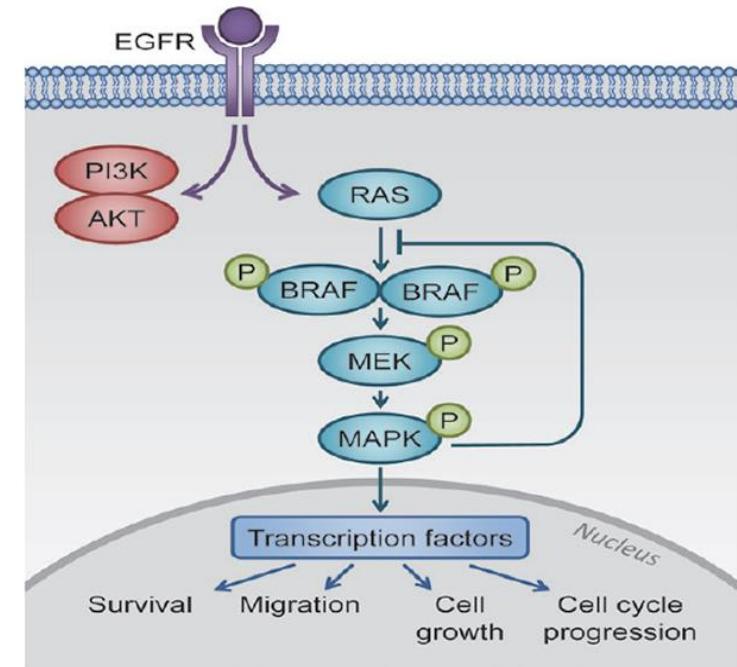


# Therapiekeuze

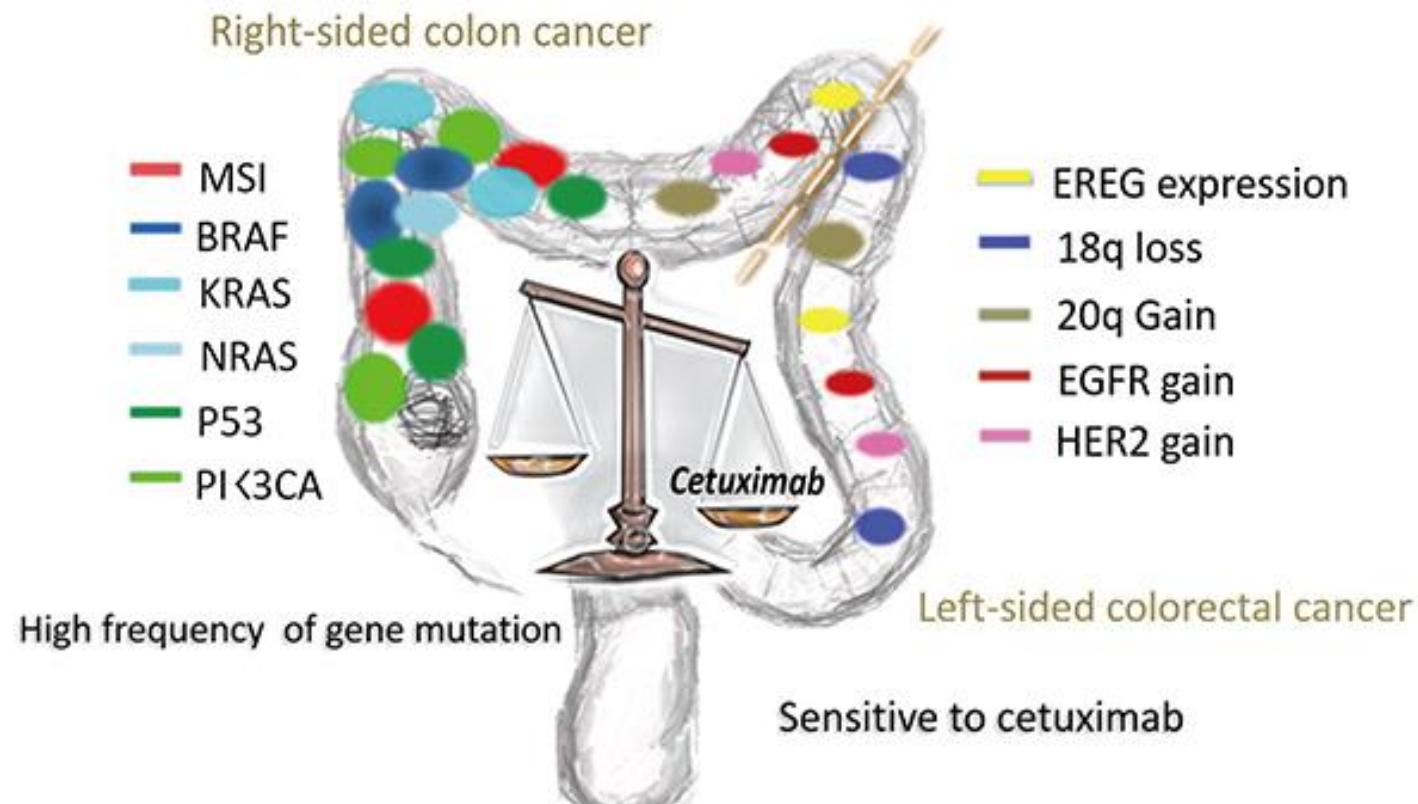
- ▶ Moleculaire markers
  - ▶ All RAS
  - ▶ BRAF
- ▶ Localisatie primaire tumor

# Moleculaire markers

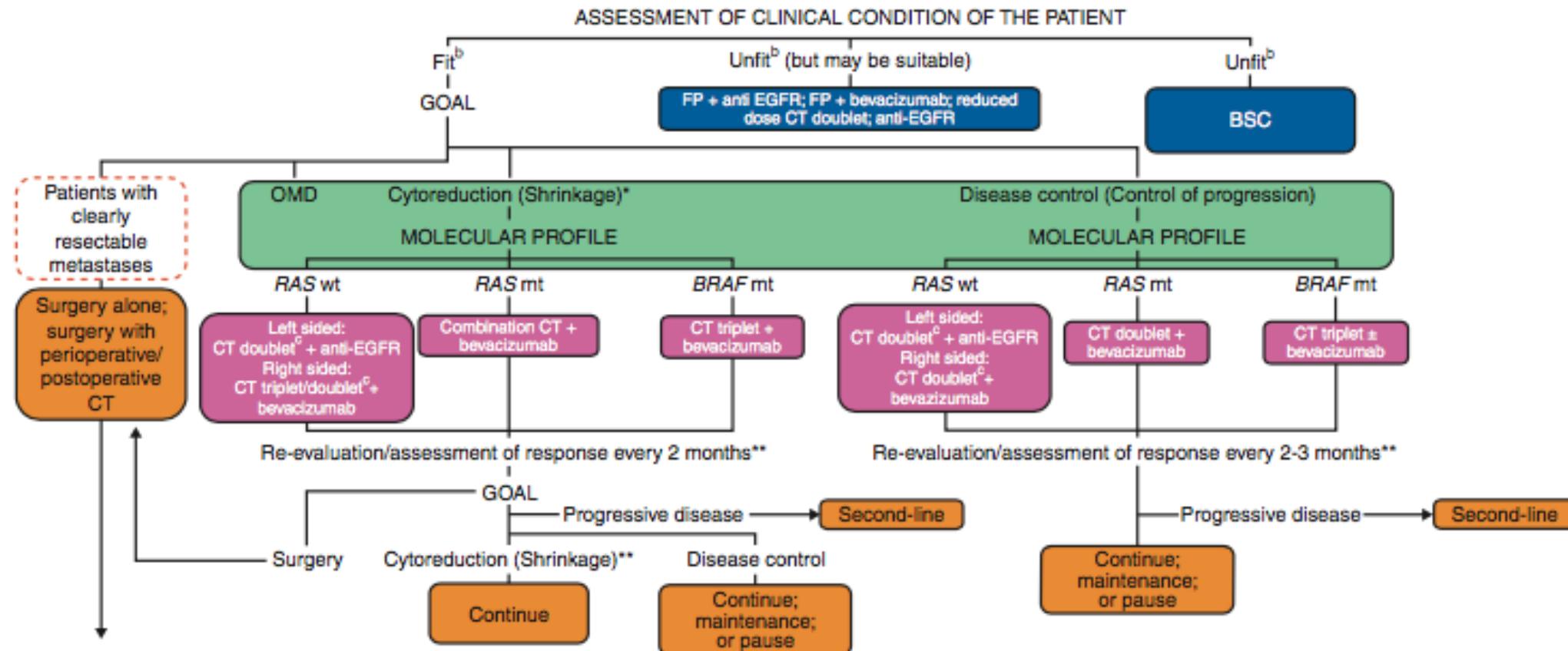
- ▶ RAS
  - ▶ Cetuximab (EGFab) + chemotherapie
    - Enkel bij RAS wild type
- ▶ BRAF mutant
  - ▶ 5-10% mCRC
  - ▶ V600E mutatie
  - ▶ Slechte prognose
  - ▶ Geen goede kandidaat voor uitgebreide chirurgie



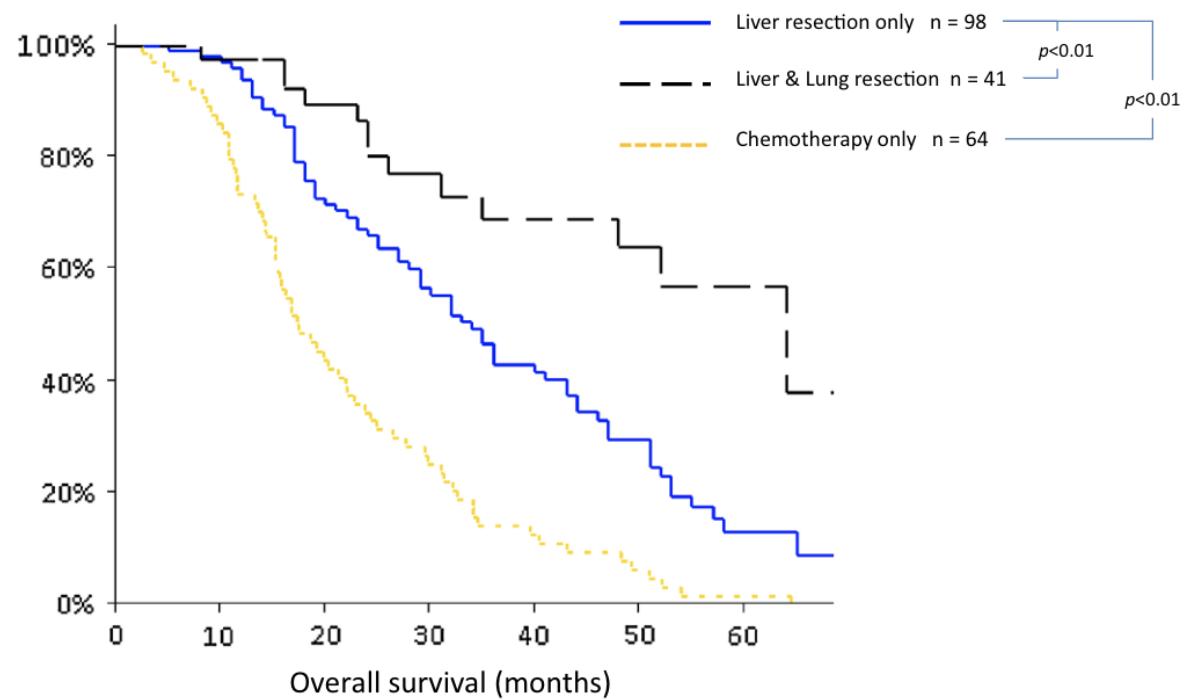
## Localisatie primaire tumor



# Guidelines



## Is Complete Liver Resection Without Resection of Synchronous Lung Metastases Justified?



# Chirurgie

## Preoperatieve uitwerking

- ▶ CT
- ▶ MRI



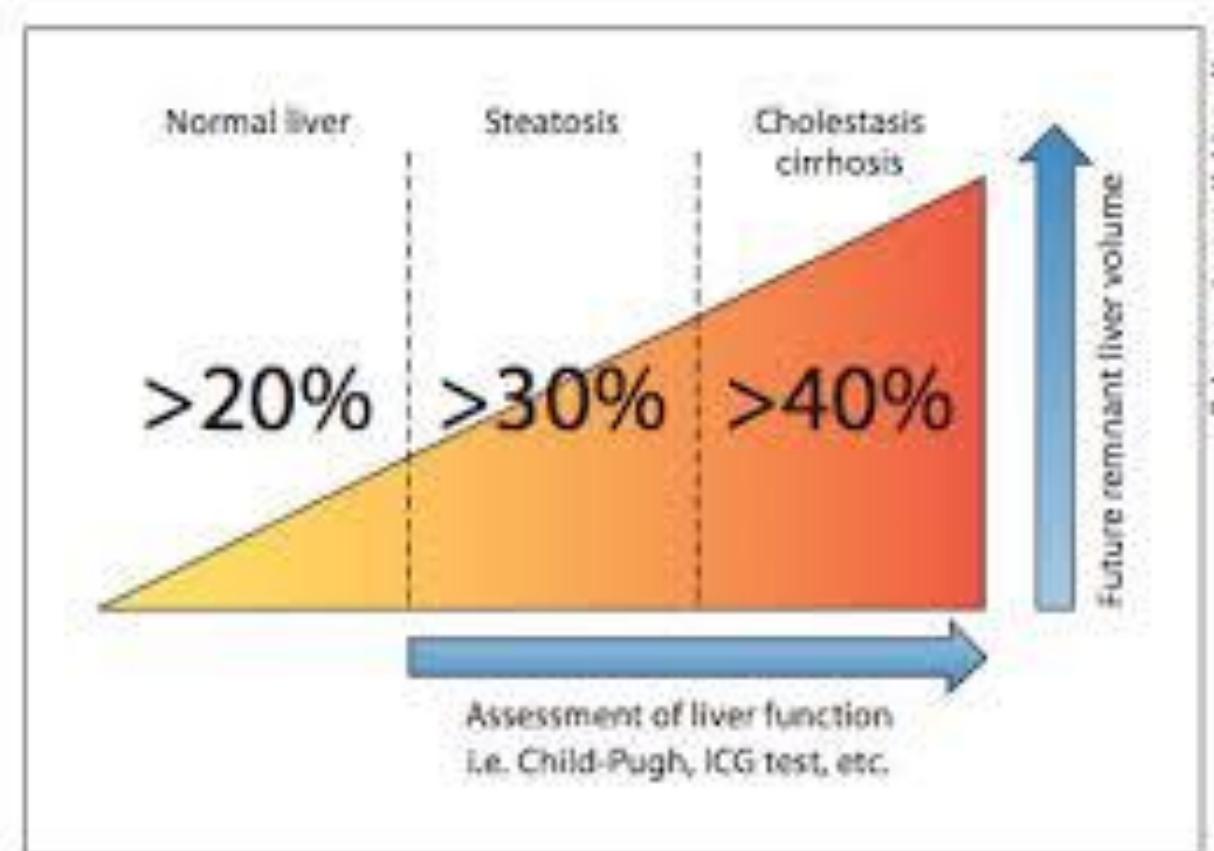
- ▶ Staging
- ▶ Respons / evolutie na chemotherapie
- ▶ Missing lesions

- ▶ HIDA-scan
- ▶ 3D reconstructie

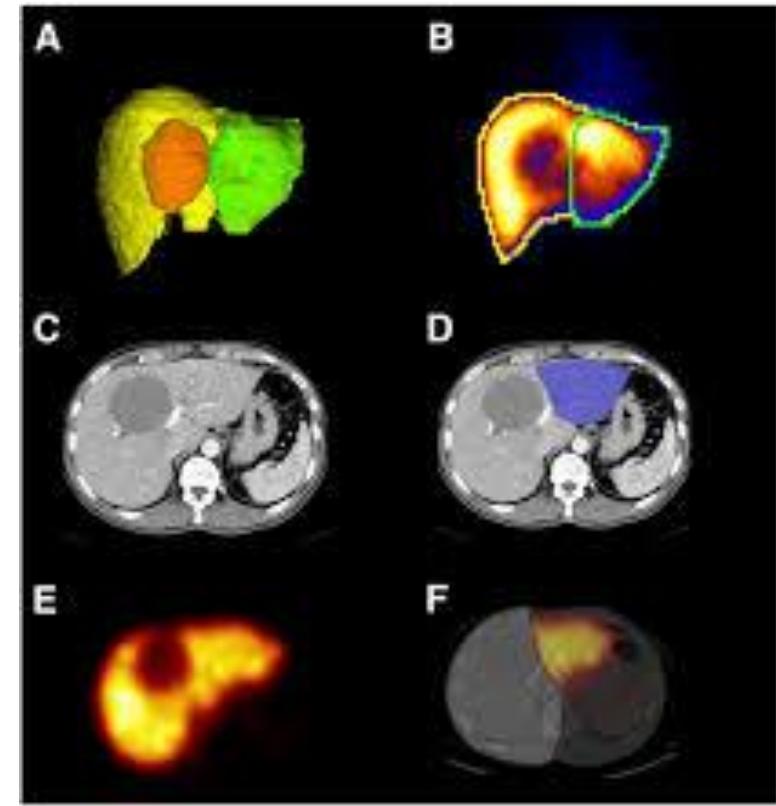
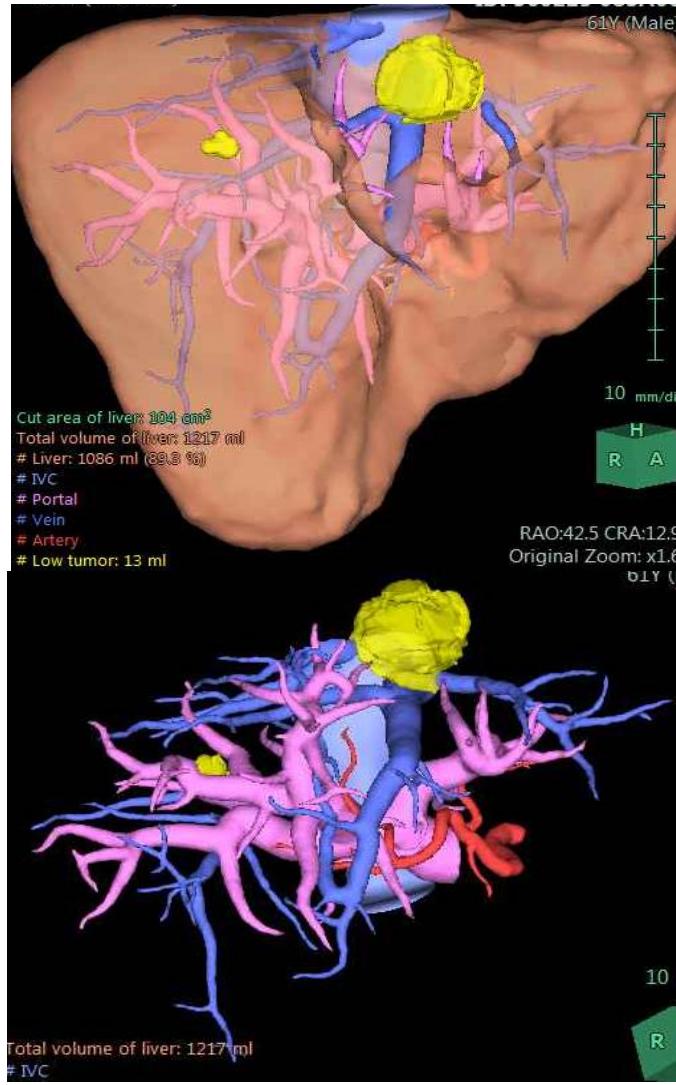
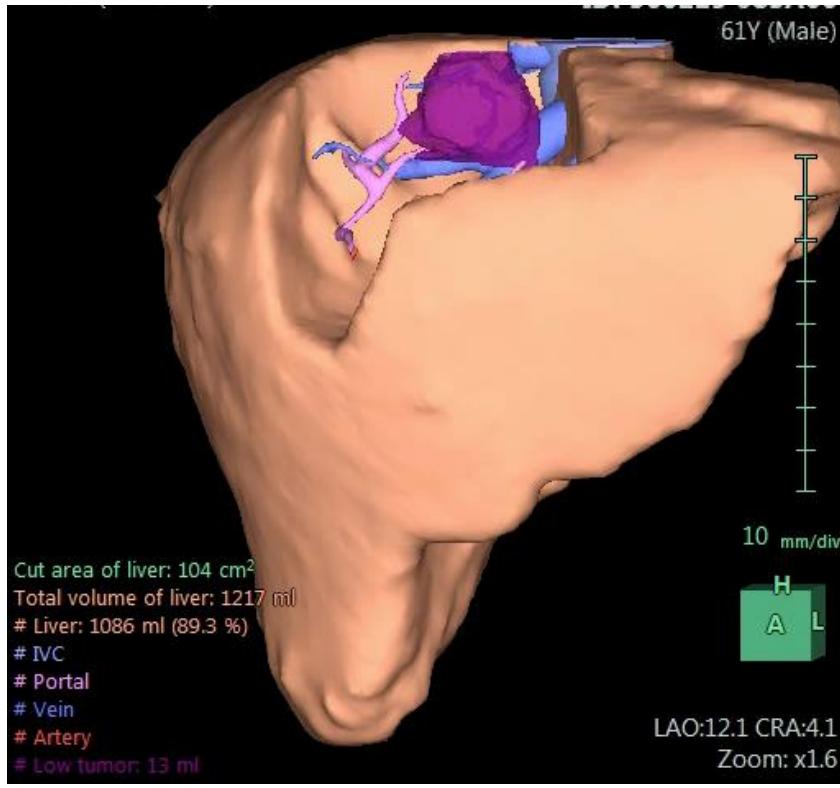


- ▶ Operatieve planning

## Volume vs functie



# 3D reconstructie en mebrofenin-scan



## Colorectale levermetastasen



- ▶ Vena portae embolisatie
- ▶ 'One-stage' vs '2-stage' hepatectomie
- ▶ ALPPS



# Colorectale levermetastasen

## Synchrone colorectale levermetastasen

- ▶ Klassiek ('Colon first')
- ▶ Synchrone resectie
- ▶ 'Liver first'

# Klassieke benadering ‘Colon first’

## Synchrone colorectale levermetastasen

- ▶ Primaire tumor is de oorsprong:
  - Metastasen
  - Symptomen
- ▶ Maar < kans op vervolledigen behandeling (CRC + LM):
  - Complicaties van colorectale heelkunde
  - Progressie LM zonder CHT en na resectie CRC



# Synchone benadering

## Synchrone colorectale levermetastasen

- ▶ Geselecteerde patiënten
- ▶ Mineure lever- en colorectale chirurgie
- ▶ Operatieve morbiditeit



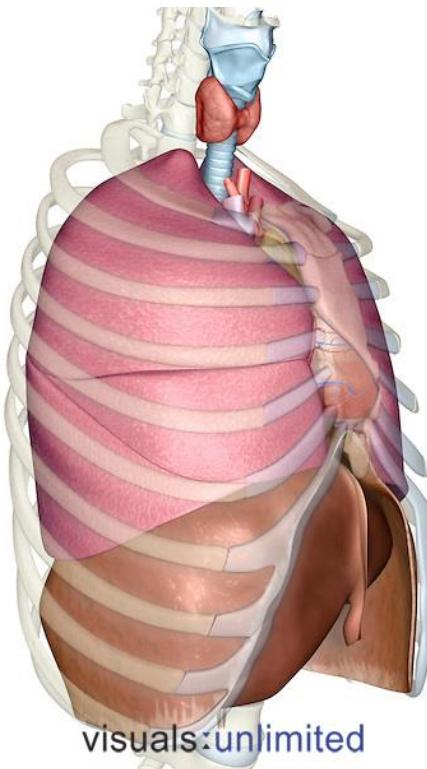
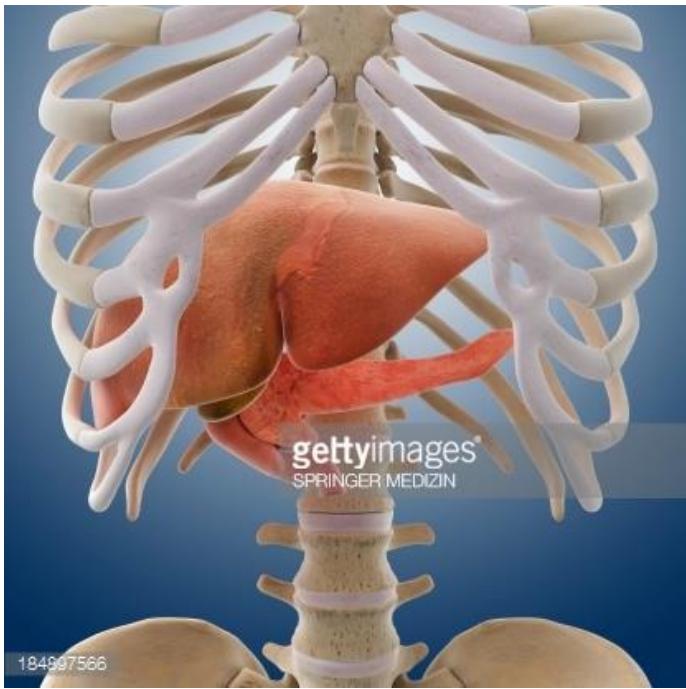
# **'Liver first'**

## **Synchrone colorectale levermetastasen**

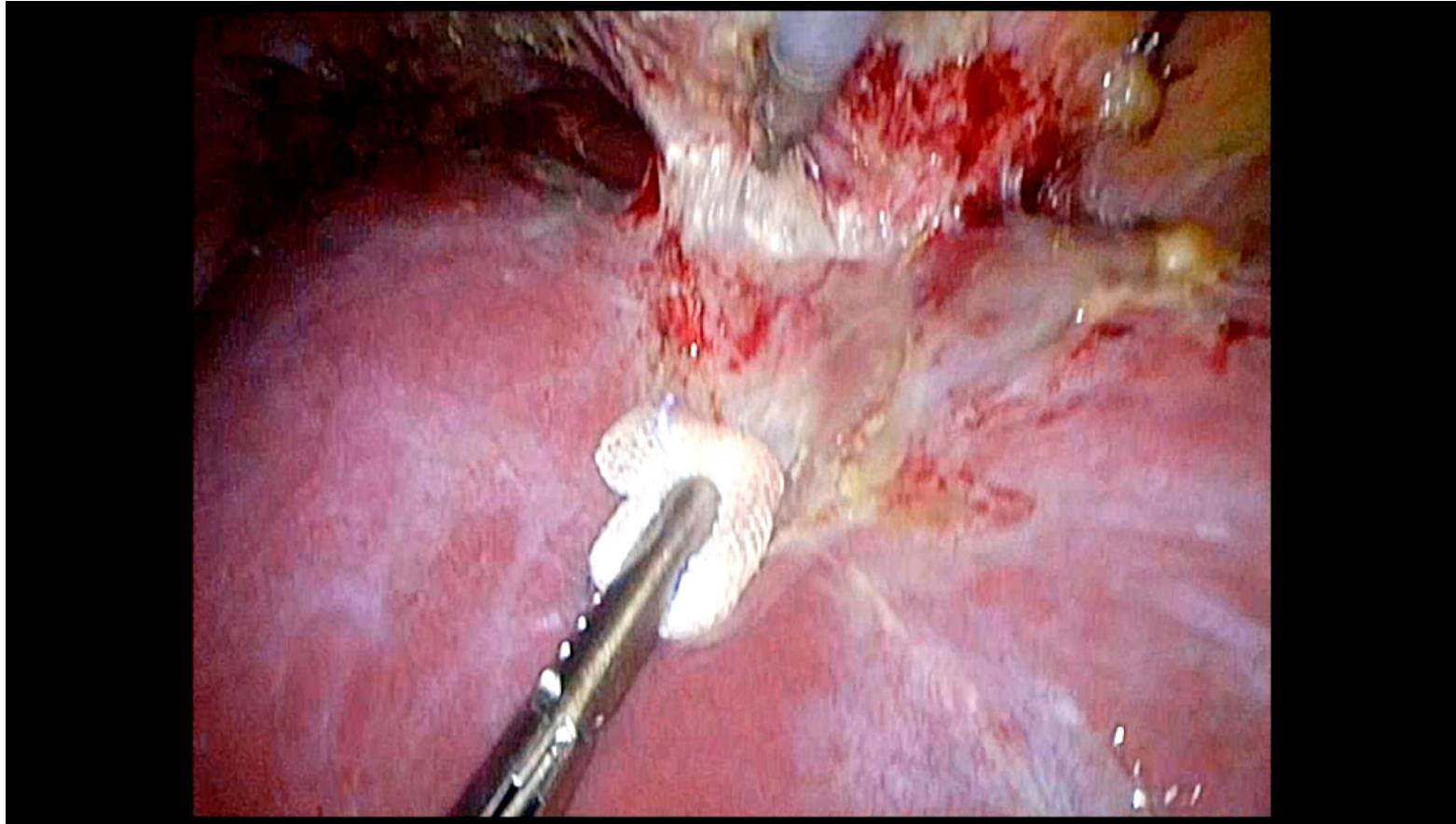
- ▶ < risico op ziekteprogressie, subklinisch micrometastatische ziekte
- ▶ Evaluatie van tumor respons (biologie)
- ▶ Downsizing en toename van resectabiliteit LM
- ▶ Rectale tumoren → RT + CHT voor LM
- ▶ Zeldzame complicaties van primaire tumor
- ▶ > kans op vervolledigen behandeling



# Lever



## Leverresectie





**“A CLEVER PERSON  
SOLVES A PROBLEM.  
A WISE PERSON  
AVOIDS IT.”**

*Albert Einstein*