## **References 3**

## MANAGEMENT OF STAGE IV COLORECTAL CANCER PATIENTS WITH UNUSUAL METASTASIS

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Colorectal cancer (CRC) is the second most common type of cancer in males (9%), and third in females (8%) in the United States. Moreover It's the third most common cause of cancer-related deaths. According to the predictions; in 2019, there will be a total of 1.2 million people who had previously diagnosed with CRC, 143.460 people will receive new diagnosis and approximately 49.000 people will die due to this disease (1). In the first admission to a clinic approximately 20% of patients with CRC are with distant metastasis (2). Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) are the noninvasive imaging methods performed for cancer staging purposes detects theses metastases. These screening methods diagnosis stage IV disease, and allow for appropriate oncological operative planning. These patients have a relatively high heterogeneity in terms of the disease, the prevalence of the disease, the location of the tumor, the symptoms, the performance of the patient and the co-morbid diseases. Patients may have various clinical situations such as general performance, multiple distant metastasis together with asymptomatic, single metastatic focus, and colon obstruction.

Although considerable progress has been recorded in the treatment of advanced stage CRC, most stage IV cancers still have no special treatment chance with current protocols. According to the population-based data of America-centered The Surveillance, Epidemiology, and End Results (SEER), 5-year surveillance rate of the stage IV CRC patients diagnosed between 2000 and 2017 has reached 12% (2). The total curative treatment options required to improve lifetime and quality in advanced stage CRC are very limited. However, options such as

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median survival is 32 months (12-60 months) in the deceased patients (46). In contrast to the isolated adrenal metastases, adrenal metastases occurred after liver metastasis resection have poor prognosis and probably adrenalectomy is unnecessary (47).

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