

BÖLÜM 14

KOLOREKTAL KANSERLERİN KARACİĞER METASTAZLARINDA LOKAL TEDAVİLER

Nurten ANDAÇ BALTACIOĞLU¹

Karaciğer (KC) kolorektal kanserlerin en sık metastaz yaptığı organdır (1). Tanı sırasında bu hastaların yaklaşık %15-25'inde KC metastazı vardır (2). Tanı sırasında metastazı olmayan hastaların ise takipleri boyunca yaklaşık %15-20'sinde KC metastazı ortaya çıkar (3). Sonuç olarak kolorektal kanserli hastaların tüm takip sürecinde yaklaşık %45'inde KC metastazı görülür.

KC metastazlı kolorektal kanserli hastalarda metastaz tedavisinde tercih edilen ilk seçenek tedavi yöntemi cerrahi rezeksiyondur (4). Cerrahi sonrası 5 yıllık sağkalım oranları değişik çalışmalarda %28-58 oranında bildirilmiştir (4). Bununla birlikte değişik nedenlerden dolayı hastaların ancak %10-20'si cerrahi tedavi için uygundur. Bunun nedenleri arasında; 1-Hastaların performans skorunun düşük olması,

- 2-Daha önce geçirilmiş majör abdominal cerrahilerinin bulunması,
- 3-Lezyonun cerrahi için uygun olmayan yerleşimi,
- 4-Multipl bilobar lezyonların bulunması
- 5-Cerrahi sonrası yetersiz remnant KC dokusunun kalması sayılabilir.

Unrezektabl tümörlerin rezektabl hale getirilmesi için cerrahi öncesi neo-adjuvant kemoterapi uygulanabilir, sağ portal ven embolizasyonu ile sol lobun büyütülerek remnant dokunun hipertrofisi sağlanıp sağ lobektomi yapılabilir ya da iki aşamalı rezeksiyonlar yapılabilir. Öte yandan cerrahi metastazektomi sonrası yaklaşık %60-80 hastada nüks görülmektedir (5) .

Kolorektal kanserlerde KC metastazlarının tedavi edilmediği durumlarda, sağ kalım süreleri; 1-yıllık %31, 2 yıllık %7.9, 3 yıllık %2.6, 4yıllık %0.9 oranında bildirilmiştir (6). Sistemik kemoterapi (5-FU+Leucovorine+İrinotecan/Oxaliplatin+Ab) alanlarda ise nüks oranları %31-62, ortalama hastaliksız sağkalım süresi 6.9-10.6 ay ve ortalama sağkalım 14-21.5 ay olarak bildirilmiştir (7).

Değişik lokal ablatif tedaviler kolorektal kanserlerin KC metastazlarında yaygın olarak kullanılmaktadır. Bunlar arasında;

¹ MD, VKV Amerikan Hastanesi, nurtenandac@yahoo.com

KAYNAKÇA

1. Van Cutsem E, Nordlinger B, Adam R, et al. On behalf of the European Colorectal Metastases Treatment Group: Towards a pan-European consensus on the treatment of patients with colorectal liver metastases. *Eur J Cancer* 2006;42:2212-2221.
2. Kemeny NE, Kemeny MM, Lawrence TS. Liver metastases. In: Abelloff MD, Armitage JO, Niederhuber JE and Lichter AS: *Clinical Oncology*, Third ed. Philadelphia: Elsevier Clinical Oncology pp. 1141-1178, 2004.
3. Fiorentini G, Aliberti C, Tilli M, et al. Intra-arterial Infusion of Irinotecan-loaded Drug-eluting Beads (DEBIRI) versus Intravenous Therapy (FOLFIRI) for Hepatic Metastases from Colorectal Cancer: Final Results of a Phase III Study. *Anticancer Research* 2012;32:1387-1396.
4. Fong Y, Fortner J, Sun RL, Brennan MF, Blumgart LH. Clinical score for predicting recurrence after hepatic resection for metastatic colorectal cancer: analysis of 1001 consecutive cases. *Ann Surg* 1999;230:309-318; discussion 318-321.
5. Abdalla EK, Vauthey JN, Ellis LM, et al. Recurrence and Outcomes Following Hepatic Resection, Radiofrequency Ablation, and Combined Resection/Ablation for Colorectal Liver Metastases. *Ann Surg* 2004;239:818-827. DOI:10.1097/01.sla.0000128305.90650.71.
6. Ruers T, Punt C, Van Coevorden F, et al. Radiofrequency ablation combined with systemic treatment versus systemic treatment alone in patients with non-resectable colorectal liver metastases: a randomized EORTC Intergroup phase II study (EORTC 40004). *Annals of Oncology* 2012;23:2619-2626. doi:10.1093/annonc/mds053.
7. Mitry E, Fields AL, Bleiberg H, et al. Adjuvant chemotherapy after potentially curative resection of metastases from colorectal cancer: a pooled analysis of two randomized trials. *J Clin Oncol* 2008;26(30):4906-4911.
8. Hof J, Wertenbroek MWJLAE, Peeters PMJG, Widder J, Sieders E, de Jong KP. Outcomes after resection and/or radiofrequency ablation for recurrence after treatment of colorectal liver metastases *BJS* 2016;103:1055-1062. DOI: 10.1002/bjs.10162.
9. Lee H, Heo JS, Cho YB, et al. Hepatectomy vs radiofrequency ablation for colorectal liver metastasis: A propensity score analysis. *World J Gastroenterol* 2015;21(11):3300-3307. DOI:10.3748/wjg.v21.i11.3300.
10. van Amerongen MJ, van der Stok EP, Futterer JJ, et al. Short term and long term results of patients with colorectal liver metastases undergoing surgery with or without radiofrequency ablation. doi.org/10.1016/j.ejso.2016.01.013.
11. Shady W, Petre EN, Gonen M, et al. Percutaneous Radiofrequency Ablation of Colorectal Cancer Liver Metastases: Factors Affecting Outcomes—A 10-year Experience at a Single Center. *Radiology* 2016;278:601-611.
12. Correa-Gallego C, Fong Y, Gonen M, et al. A Retrospective Comparison of Microwave Ablation vs. Radiofrequency Ablation for Colorectal Cancer Hepatic Metastases. *Ann Surg Oncol* 2014;21(13):4278-4283. doi:10.1245/s10434-014-3817-0.
13. Martin RC, Joshi J, Robbins K, et al. Hepatic intra-arterial injection of drug eluting bead, irinotecan (DEBIRI) in unresectable colorectal liver metastases refractory to systemic chemotherapy: results of multi-institutional study. *Ann Surg Oncol* 2011;18(1):192-198. doi.org/10.1245/s10434-010-1288-5.
14. Huppert P, Wenzel T, Wietholtz H. Transcatheter arterial chemoembolization (TACE) of colorectal cancer liver metastases by irinotecan eluting microspheres in a salvage patient population. *Cardiovasc Interventional Radiol* 2014;37(1):154-164. doi.org/10.1007/s00270-013-0632-0.
15. Akinwande O, Dendy M, Ludwig JM, Kim HS. Hepatic intra-arterial injection of irinotecan drug eluting beads (DEBIRI) for patients with unresectable colorectal liver metastases: A systematic review. *Surgical Oncology* 2017;26:268-275. doi.org/10.1016/j.suronc.2017.05.003.
16. Giammarile F, Bodei L, Chiesa C, et al. EANM procedure guideline for the treatment of liver cancer and liver metastases with intra-arterial radioactive compounds. *Eur J Nucl Med Mol Imaging* 2011;38(7):1393-406.

17. Szyszko T, Al-Nahhas A, Tait P, et al. Management and prevention of adverse effects related to treatment of liver tumours with 90Y microspheres. *Nucl Med Commun* 2007;28(1):21-24.
18. Szyszko T, Brooks A, Tait P, Rubello D, AL-Nahhas A. Therapy options for treatment of hepatic malignancy. *Eur J Nucl Med Mol Imaging* 2008;35(10):1824-1826.
19. Goin JE, Dancy JE, Roberts CA, Sickles CJ, Leung DA, Soulen MC. Comparison of post-embolization syndrome in the treatment of patients with unresectable hepatocellular carcinoma: transcatheter arterial chemoembolization versus yttrium-90 glass microspheres. *World J of Nucl Med* 2004;3(1):49-56.
20. Wasan HS, Gibbs P, Sharma NK, et al. First-line selective internal radiotherapy plus chemotherapy versus chemotherapy alone in patients with liver metastases from colorectal cancer (FOXFIRE, SIRFLOX, and FOXFIRE-Global): a combined analysis of three multicentre, randomised, phase 3 trials. *The Lancet Oncology* 2017;18(9):1159-71.
21. van Hazel G, Heinemann V, Sharma N, et al. Impact of primary tumour location on survival in patients with metastatic colorectal cancer receiving selective internal radiation therapy and chemotherapy as first-line therapy. *ESMO 19th World Congress on Gastrointestinal Cancer, Ann Oncol* 2017;28: Suppl 5.
22. Garlipp B, Gibbs P, Van Hazel GA, et al. REsect: Blinded assessment of amenability to potentially curative treatment of previously unresectable colorectal cancer liver metastases (CRC LM) after chemotherapy±RadioEmbolization (SIRT) in the randomized SIRFLOX trial. *J Clin Oncol* 2017;35(10):3552.
23. Garlipp B, de Baere T, Damm R, et al. Left-liver hypertrophy after therapeutic right-liver radioembolization is substantial but less than after portal vein embolization. *Hepatology* 2014;59(5):1864-1873.
24. Allen-Mersh TG, Earlem S, Fordy C, Abrams K, Houghton J. Quality of life and survival with continuous hepatic-artery floxuridine infusion. *Lancet* 1994;344:1255-1260.
25. Mocellin S, Pilati P, Lise M, Nitti D. Meta-analysis of hepatic arterial infusion for unresectable liver metastases from colorectal cancer: the end of an era? *J Clin Oncol.* 2007;25:5649-5654 doi:10.1200/JCO.2007.12.1764.