

Feasibility of neoadjuvant transarterial chemoembolization (TACE) using irinotecan beads (DEBIRI) before hepatectomy (HPX) for easily resectable colorectal liver metastases (RCLM): A phase II study.

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Abstract:

Background: Peri-operative chemotherapy confers 3-year disease free survival (DFS) advantage for patients with RCLM. However, studies to date have only examined multiple cycles of systemic neoadjuvant chemotherapy (SNC). Recent reports also correlate degree of postchemotherapy tumor necrosis (PCTN) to improved post-HPX DFS. The aim of this study is to examine the feasibility and safety of single DEBIRI TACE 1 month before HPX. Methods: Patients with unilobar (bilobar excluded) RCLM referred to 4 major centers offering HPX were evaluated for tumor number and localization, intention to recruit 20 patients. DEBIRI TACE is administered 1 month before HPX. Primary end-point is complication free TACE and HPX. Secondary end points include extent of PCTN and viable residual tumor (VRT), health economics, quality of life and subsequent DFS. PCTN and VRT centrally assessed by one blinded pathologist. Results: 22 patients screened; DEBIRI TACE attempted in 18; successful in 17; 13 have undergone HPX. DEBIRI TACE not possible in 5: 2 bilobar disease; 2 inconclusive angiography; 1 suspected hepatoma. No treatment related deaths (post- TACE or -HPX), 1 post-TACE liver abscess (recognised TACE complication), no significant post-HPX morbidity. VRT: 0% in 3 specimens; 5% in 1; 10% in 3; 30% in 2; 50% in 1; 60% in 1; 70% in 1; 75% in 1, all with commensurate PCTN. Conclusions: Neoadjuvant DEBIRI TACE is safe pre-HPX for RCLM and is not associated with any increased post-HPX complications. DEBIRI TACE resulted in = 90% PCTN in 7/13 (50%) patients which may translate into significantly improved post-HPX DFS. Results of all 20 patients will be presented; recruitment is now extending to 50 patients. DEBIRI TACE may offer a cost-effective alternative to SNC in these patients.