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## Surgeons Are The Most Important Clinicians In A Curative Strategy For Hepatic Colorectal Metastases

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Lecture : The clinical treatment of hepatic colorectal metastases has greatly evolved over the last decades. As recent as the late 1980's, many thought treatment of hepatic metastases did not involve surgeons. Data accumulated over the last three decades now firmly show that the liver surgeon is the most important clinician in treatment of liver metastases. In this lecture, I will discuss the essential roles of resection and ablation in a curative treatment strategy. Data supporting the notion that even in patients not cured, successful complete resection of all disease in the liver provides the greatest prolongation of survival will be discussed. Surgery alone without chemotherapy can provide cure in up to 25% of patients. Chemotherapy without surgery is only palliative. In this lecture I will also discuss the roles of pre-operative staging, and post-operative surveillance, including the use of circulating molecular and cellular markers. The use of neoadjuvant and adjuvant therapies will also be presented. Less than 10% of patients world-wide with hepatic colorectal metastases are offered resection, whereas 30-40% are likely candidates. Given that 50% of patients with colorectal cancer will develop liver metastases, the number of patients yearly will not be offered a potentially curative resection is significant. They will be offered the more expensive, palliative chemotherapy option instead. Educating the public, and our colleagues that hepatic resection is an effective and potentially curative option for this disease is of paramount importance if prolonging quality life and reducing healthcare cost are our goals.