

AB035. 120. Simultaneous versus staged resection of rectal cancer with synchronous liver metastases

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Background: Morbidity of rectal cancer surgery has led to apprehension in undertaking combined resections of synchronous rectal cancer and liver metastases. This study aims to review a single tertiary referral centre's experience of simultaneous resection in rectal cancers with synchronous liver-only metastasis.

Methods: Patients with rectal cancer and liver-only metastases who underwent curative intent multimodal therapy were identified from prospectively maintained databases. Following complete staging and multidisciplinary team (MDT) discussion, patients were referred for neoadjuvant therapy, and reassessed 6–8 weeks post treatment for suitability for a simultaneous or staged resection. Outcomes were compared with patients undergoing staged rectum and liver resection. Short term

outcomes consisted of 30-day mortality along with minor and major morbidity.

Results: Between January 2005 and July 2015, 39 simultaneous resections were included and compared with 50 staged resections. Minor complications were more common in the simultaneous group (9/39 simultaneous *vs.* 15/50 staged, $P=0.47$), while major complications were similar (11/39 simultaneous *vs.* 12/50 staged, $P=0.65$). Major liver resections did not influence overall ($P=0.84$) or major morbidity ($P=0.82$) in either group. Neoadjuvant radiotherapy did not significantly impact overall morbidity or severity thereof in the simultaneous ($n=25$, overall morbidity, $P=0.99$; severity of complication, $P=0.49$) or staged resection groups ($n=39$, overall morbidity, $P=0.16$; severity of complication, $P=0.71$). Thirty-day mortality was encountered in 1/39 simultaneous resections and 2/50 staged resections.

Conclusions: Simultaneous resection of rectal cancer and synchronous liver-only metastases is feasible in select patients, and facilitates both treatment of primary and metastatic disease in a single procedure with acceptable morbidity and mortality.

Keywords: Adenocarcinoma; hepatectomy; neoplasm metastasis; proctectomy; rectal neoplasms

doi: 10.21037/map.2019.AB035

Cite this abstract as: Canas-Martinez A, Creavin B, Heeney A, Ryan E, Hoti E, Maguire D, Geoghegan J, Martin S, O'Connell R, Winter D. Simultaneous versus staged resection of rectal cancer with synchronous liver metastases. *Mesentery Peritoneum* 2019;3:AB035.