

AB061. 211. A comparison of single-stage versus two-stage resections for colorectal liver metastases

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Background: R0 resection with sufficient volume in the future liver remnant is the ultimate goal of metastasectomy. As such, patients with a heavy tumour burden have previously been deemed unsuitable resection candidates. Two stage hepatectomy enables tumour debulking while allowing hypertrophy of the healthy liver remnant, facilitating manipulation of liver volume prior to completion metastasectomy.

Methods: The aim of this study was to describe our institutional experience of two-stage hepatectomies. All patients undergoing metastasectomy for colorectal liver metastases from 2011 to 2016 were included for analysis. Clinicopathological variables were obtained from a

prospectively maintained database and analyzed along with 30-day post-operative morbidity and mortality.

Results: Between 2011 and 2016, 274 hepatectomies were carried out for colorectal liver metastases, 33 of whom underwent a planned two-stage procedure. There was a 6-week median interval between procedures (range, 2–20 weeks). Overall R0 resection was achieved in 26 patients (78.8%), with a mean maximum resection size of 4.7 cm (range, 1.7–12.0 cm). Eight patients developed post-operative collections requiring drainage and two experienced transient hepatic insufficiency. Two patients underwent further hepatectomy at 22 and 55 months respectively for disease recurrence. Median survival in the two-stage cohort was 37 months. Furthermore, no significant difference in survival was noted when those undergoing two stage hepatectomy were compared with single stage hepatectomy in the study time period.

Conclusions: Bilobar extensive metastatic disease no longer represents an absolute contraindication to curative hepatectomy. With careful patient selection, resection with curative intent can be achieved resulting in prolonged overall survival in this cohort, without additional mortality. **Keywords:** Outcomes following two-stage hepatectomy

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