



AB204. 212. Repeat resection of colorectal liver metastases: size is all that matters

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Background: The development of clinical risk scores for colorectal liver metastases (CRLM) publicized the negative connotations of certain variables on postoperative outcomes. Almost 3 decades following Fong and Nordlinger's landmark publications, evolution in the treatment algorithm for CRLM has called the validity of these scores into question.

Methods: From 2005–2016, 322 index hepatectomies and 57 second hepatectomies were performed for CRLM at our institution. All clinicopathological data were obtained from a prospectively maintained database. Variables associated with long-term survival following second hepatectomy were identified by Cox regression analyses and reviewed along with 30-day post-operative morbidity and mortality.

Results: Those undergoing index hepatectomy demonstrated 1-, 3- and 5-year survival of 90.7%, 68.1% and 48.6% respectively (median 59 months). Major resection, elevated neutrophil lymphocyte ratio (NLR) and 5 or more tumour deposits were all negatively associated with overall survival. In those receiving neoadjuvant chemotherapy, no association between elevated NLR and overall survival was demonstrated ($P=0.93$). Following repeat hepatectomy 1-, 3- and 5-year survival was 87.9%, 61.7% and 39.9% respectively (median 52 months). Neither serum neutrophil count >8 ($P=0.42$) nor NLR >5 ($P=0.81$) were shown to impact prognosis in patients undergoing repeat hepatectomy. Tumour diameter greater than 5 cm ($P=0.04$) was the only negative predictor of survival following repeat hepatectomy.

Conclusions: Despite a clear association between elevated NLR and shorter overall survival following index hepatectomy, this effect appears to be negated by neoadjuvant chemotherapy. Furthermore, size of metastasis remains the only predictive factor following repeat hepatectomy for colorectal metastatic disease.

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