

Ten Best Readings Relating to Hepatic Metastases

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Poston GJ, Adam R, Alberts S, et al. OncoSurge: a strategy for improving resectability with curative intent in metastatic colorectal cancer. *J Clin Oncol.* 2005;23:7125-7134.

This decision model identifies individual patient resectability, recommending optimal treatment strategies. It can also be used for medical education.

Leonard GD, Brenner B, Kemeny NE, et al. Neoadjuvant chemotherapy before liver resection for patients with unresectable liver metastases from colorectal carcinoma. *J Clin Oncol.* 2005;23:2038-2048.

This review summarizes the current data on neoadjuvant chemotherapy, the rationale for this approach, potential complications, and future prospects.

Kemeny NE, Gonen M. Hepatic arterial infusion after liver resection. *N Engl J Med.* 2005;352:734-735.

This randomized study compared hepatic arterial infusion with floxuridine and dexamethasone plus systemic fluorouracil, with or without leucovorin (combined therapy) and systemic therapy alone, consisting of fluorouracil with or without leucovorin (monotherapy). There was improved progression-free survival and survival free of hepatic progression, as well as a trend toward improved long-term outcome in the group receiving combined therapy, with a survival rate of approximately 40% at 10 years, even among patients with the greatest risk of recurrence.

Kelly RJ, Kemeny NE, Leonard GD, et al. Current strategies using hepatic arterial infusion (HAI) chemotherapy for the treatment of colorectal cancer. *Clin Colorectal Cancer.* 2005;5:166-174.

This review describes the current data on HAI for colorectal cancer and includes an assessment of new chemotherapeutic agents delivered via HAI, neoadjuvant HAI, HAI combined with systemic chemotherapy, and HAI for early-stage colorectal cancer. Continued progress in the field of HAI therapy may reduce the morbidity and mortality associated with CRC.

Abdalla EK, Vauthey JN, Ellis LM, et al. Recurrence and outcomes following hepatic resection, radiofrequency ablation, and combined resec-

tion/ablation for colorectal liver metastases. *Ann Surg.* 2004;239:818-827.

Hepatic resection is the treatment of choice for colorectal liver metastases. Radiofrequency ablation alone or in combination with resection for unresectable patients does not provide survival comparable to resection, and it provides survival only slightly superior to nonsurgical treatment.

Li M, Lin YM, Hasegawa S, et al. Genes associated with liver metastasis of colon cancer, identified by genome-wide cDNA microarray. *Int J Oncol.* 2004;24:305-312.

The data on genes associated with metastasis should contribute to a better understanding of the progression of colorectal tumors and facilitate prediction of their metastatic potential.

Truant S, Huglo D, Hebbar M, et al. Prospective evaluation of the impact of [18F]fluoro-2-deoxy-D-glucose positron emission tomography of resectable colorectal liver metastases. *Br J Surg.* 2005;92:362-369.

Whole-body FDG-PET may identify unrecognized extrahepatic metastases in patients with potentially resectable liver metastases imaged by computed tomography. However, additional information provided by PET is not as reliable as suggested by earlier retrospective studies.

Lejeune C, Bismuth MJ, Conroy T, et al. Use of a decision analysis model to assess the cost-effectiveness of 18f-FDG-PET in the management of metachronous liver metastases of colorectal cancer. *J Nucl Med.* 2005;46:2020-2028.

PET for diagnosis and staging does not generate additional survival effectiveness compared with computed tomography alone. However, cost savings associated with its use and the improvement of therapeutic management justify its generalization in clinical practice.

Oberg K, Kvols L, Caplin M, et al. Consensus report on the use of somatostatin analogs for the management of neuroendocrine tumors of the gastroenteropancreatic system. *Ann Oncol.* 2004;15:966-973.

This consensus report gives a detailed description

of the use of somatostatin analogs in the management of neuroendocrine tumors of the gastroenteropancreatic system. The efficacy of octreotide and lanreotide in reducing diarrhea and flushing is described, and practical information on somatostatin analog treatment is provided.

Khatri VP, Petrelli NJ, Belghiti J. Extending the frontiers of surgical therapy for hepatic colorectal metastases: is there a limit? *J Clin Oncol*. 2005;23:8490-8499. Epub 2005 Oct 17.

This article reviews development of innovative multidisciplinary modalities and the aggressive surgical approach that has been adopted to extend the frontiers of surgical therapy for colorectal hepatic metastases.

The next issue of *Cancer Control* will focus on thyroid cancer. Among the topics reviewed will be poorly differentiated and anaplastic thyroid cancer, familial nonmedullary thyroid carcinoma, thyroid nodule workup and diagnosis, well-differentiated thyroid cancer, and genetic aberrations in thyroid carcinoma.